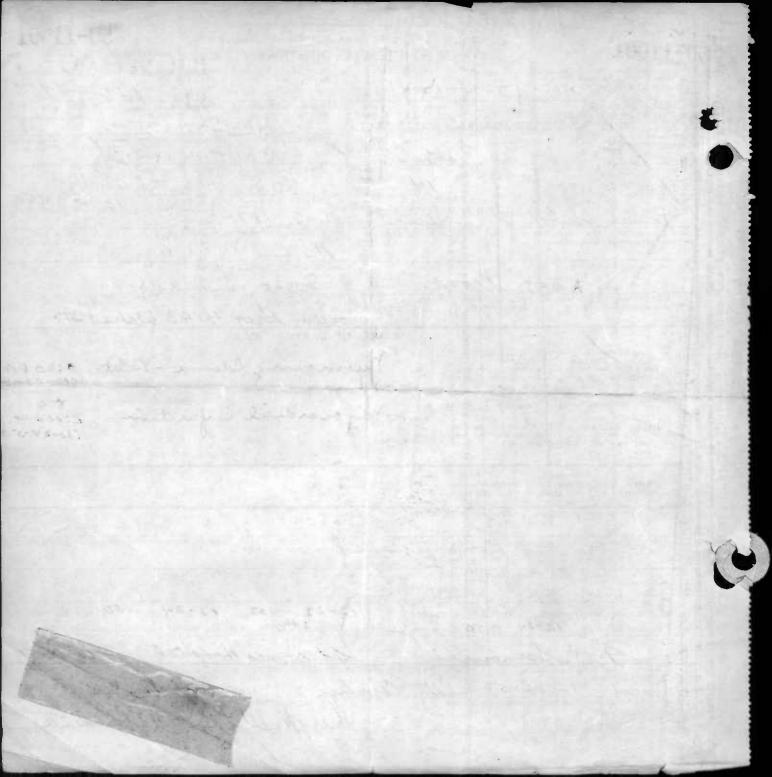
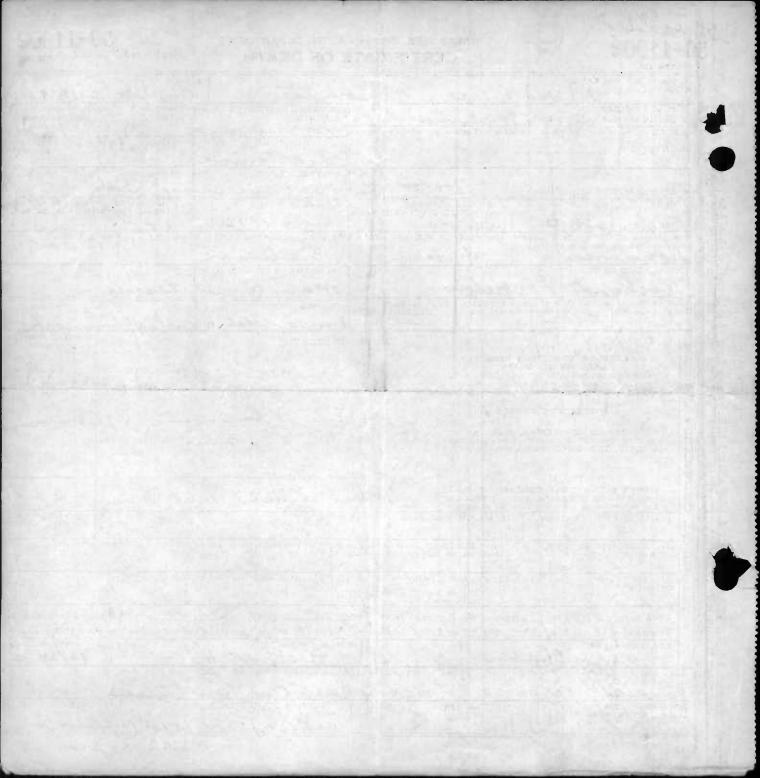
50-44004 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township MORE Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimbre ALKA Davs should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Menths: Days Hours: Min. idones clearly 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. causes Jo 18. 45011 INTERVAL BETWEEN CAUSE OF DEATH item ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Every (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: (C) .. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES & 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE! PLEASE WRITE PLA 1950 to 12.2-/ , 19 50 that I last saw the 12-23 22. I hereby certify that I attended the deceased from. deceased alive on 12-24, 19 50, and that death occurred at 2 10 m. from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED 12-24-50 24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) CATION (City, town, or county) Kennow DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



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4	NSTITUTION		Baltimor	ie for y	township)
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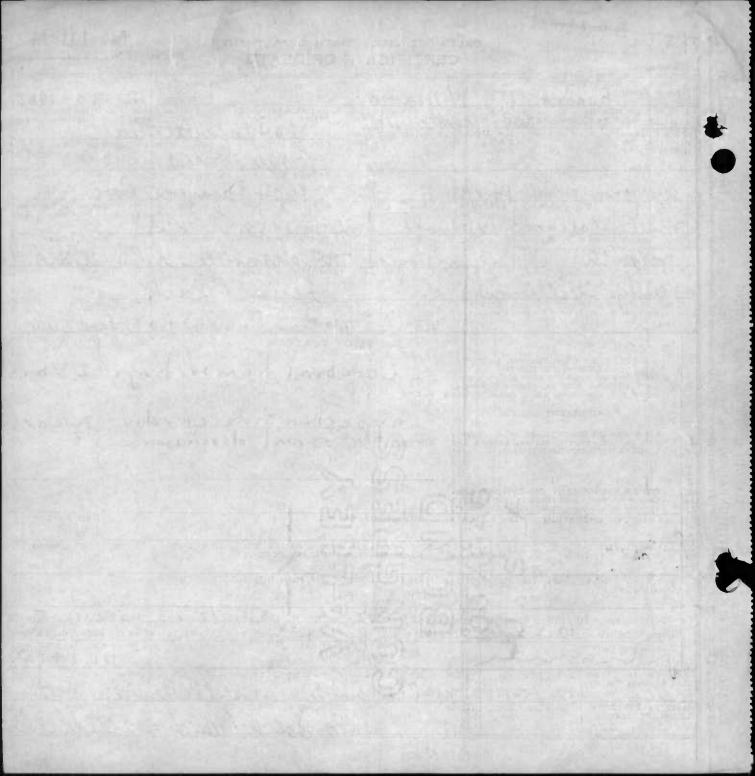
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rplied.	a. Baltimore City, Maryland
S	B. FULL NAME OF (If not in It HOSPITAL OR INSTITUTION
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nd	5. SEX 4 6. COLOR OR R.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

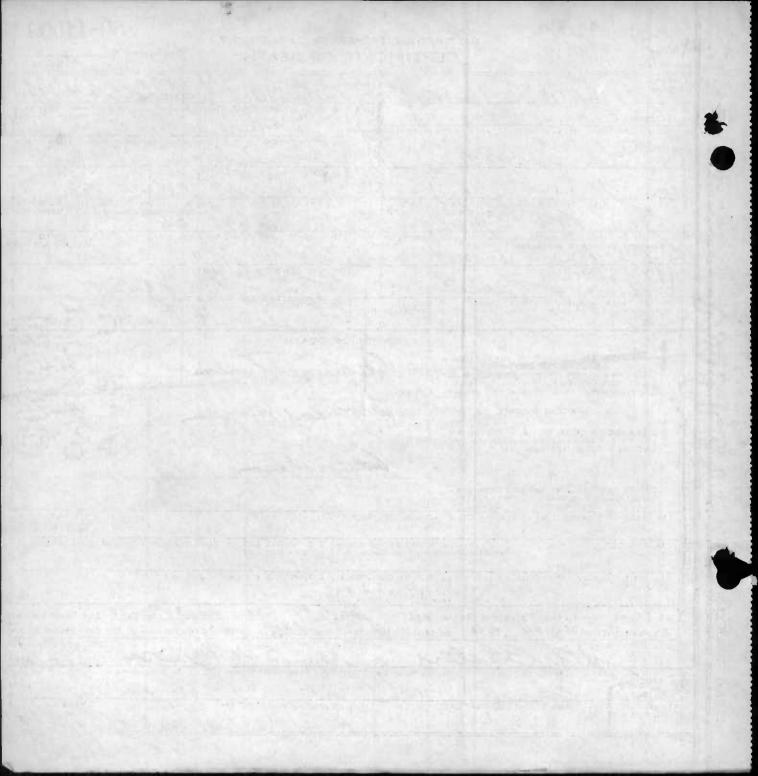
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Regis	ered No

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	S. PLACE OF DEATH, A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
4015	B. FULL NAME OF (If not in hospital or institution, give street address or	
	HOSPITAL OR location)	C. CILY OR TOWN (If optside corporate limits, write RURAL and give
	institution evoral nursing Home	Curreslie & township)
17	/ / / Yrs.	D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore / // Days	529 Dunkirk Nd.
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Nov 24/868 9. AGE (In years If Under 1 Year Months Days Hours Min.
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	deceased alive on Dec 22, 1950, and that death occu	rred at \$30 pm., from the causes and on the date stated above.
	23A. SIGNATURE	23B. ADDRESS 1 1 23c. DATE SIGNED
	Milliam F. Flance M.D.	105 N Chaves 21 Sec 24.1950
0 -	244 BURIAL CREMA- 24B DATE 124C NAME OF CEMETE	ERY OR GREMATORY 24D. LOCATION (City, town, or county) (State)
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453 50-11006 50-11006 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) . OF DEATH / 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before ndmission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural give location) Mos. c. Length of stay in Baltimore Days If Under 1 Year 5. SEX 6. COLOR OR RACE MARRIED 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DWORCED (Specify) 11. BLETHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY Starise wife Home 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL DDRESS SECURITY NO. NTERVAL BETWEEN 20. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DIC 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., io or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш 210, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 1950 to Oscc. 24 1950, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on Ofic 74 1950 and that death occurred at_ m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE Z4A. BURIAL CREMA-TION, REMOVAL (Specify) ERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE Cremotion 1271950 ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR medicator Frederica Min VS 150



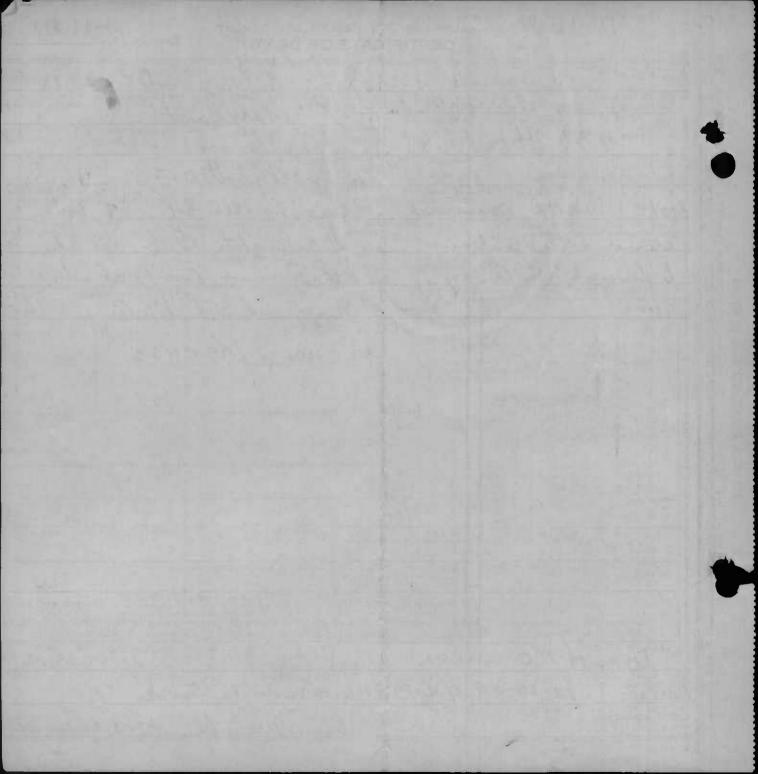
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BALTIMORE CITY HEALTH DEPARTMENT

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spection or Inquiry leased died on the day stated above, , homicide , undetermined .
KAMINER 23c. DATE SIGNED
CATION (City, town, or county) (State)



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BALTIMORE CITY HEALTH DEPARTMENT

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	Musa memores	Yaop Yrs.		f rural, give location)	15 % 5 3
	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SING	Mos. Days	1032 ange	9. AGE (in years) If Un	nder I Year If Under 24 Hours
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	I OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NO OF BUSINESS OR		foreign country)	2. CITIZEN OF WHAT COUNTRY
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infor	15. VAS DECEASED EVER IN U. S. ARMED FORCES (Yes, near unknown) (If yes, give war or dates of service)	7 6. SOCIAL SECURITY NO.	17. INFORMANT	ange)	PRESS /
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0.0	24A. JURIAL, CREMA- 24B. DATE	M. D.	Union Jumm	all toptal	12-25-50
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	PLACE OF DEATH Baltimore City,		OOO Be	11 ana Ama	4. USUAL RESIDENCE	E (Where deceased lived, In B. COUNTY	f institution : residence before admission
В.	FULL NAME OF	(If not in hospit	al or institu	11ona Ave.		Baltimor	
F H	OSPITAL OR			location)	C. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and giv
6	E	dgewood N	ursing	Home	Baltimore	City 7-6	township
9				Yrs.	o. STREET ADDRESS	(If rural, give location)	
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13	FATHER'S NAME		1000		14. MOTHER'S MAIDE		V 6 00 355
	Alexa	nder Mega	ry		Flavilla Sh	Inlaw	
15	. WAS DECEASED EVE	R IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(10	No (If:	yes, give war or date. None	s of service)	SECURITY NO.	Mrs Leston C	. Worthington.	
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	deceased alive or	n Dec 22	. 19 50	and that death occur	rred at 1 36 A. m., fr	on the causes and on t	he date stated above
	23A. SIGNATURE	2 01		2	23B. ADDRESS		23c. DATE SIGNED
	From	6. Other	men	м. о.	820 medical		12/23/00
710	AA. BURIAL, OREMA ON, REMOVAL (Specify	24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, town	or county) (State)
_	Burial	Dec-26-	1950.	Loudon Par	k Cemetery	Baltimore, Mar	vland
D.	ATE RECEIVED BY				25. FUNERAL DIRECT	OR	ADDRESS

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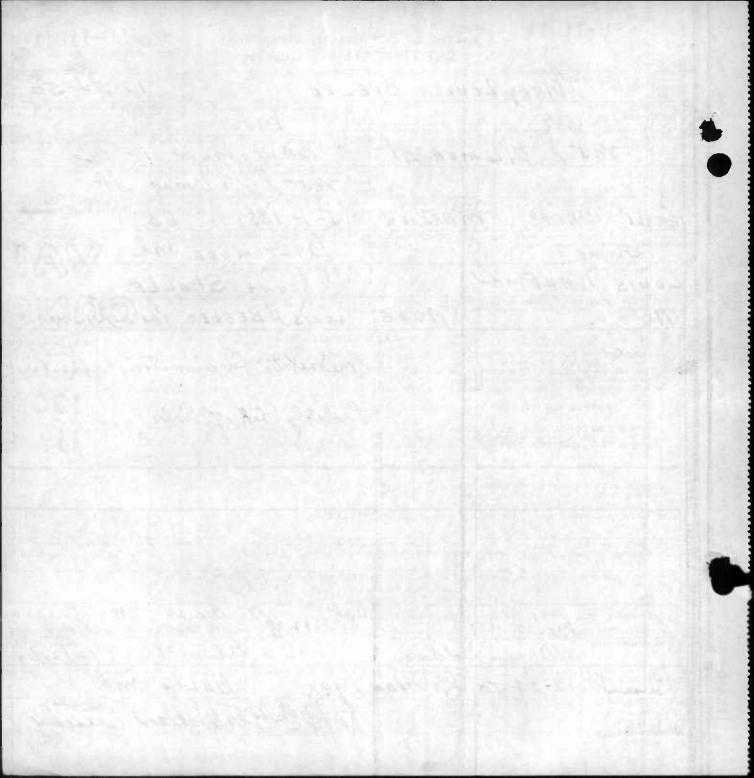
INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES (If in Baltimore City, give exact location) 1950 to Dec 24 , 1950, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED LOCATION (City, town, or punty)

before admission)

12. CITIZEN OF

WHAT COUNTRY?

township)



50-11012

Registered No. 2. DATE OF DEATH 2 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE before admission) CITY OR TOWN (If outside corporate limits, write RURAL and give (If rural, give location) **ADDRESS** Charles 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours Min. 8. DATE OF BIRTH 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY HER'S MAIDEN NAME ADDRESS Same INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH 20. AUTOPSY 21c WHERE DID (If in Baltimore City, give exact location) INJURY OFCUR 04

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INDURY OCCURRED WHILE AT WORK NOT WHILE

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21F. HOW DID

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22. I hereby certify that Lattended the deceased from 10 nov, deceased alive on 33 poc 1950, and that death occurred at 211 23A. SIGNATURE

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23c. DATE SIGNED

lown, or county)

24A. BURTAL, CREMA-LION, REMOVAL (Specify) BURIAL DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

24D. LOCATION (City,

ADDRESS

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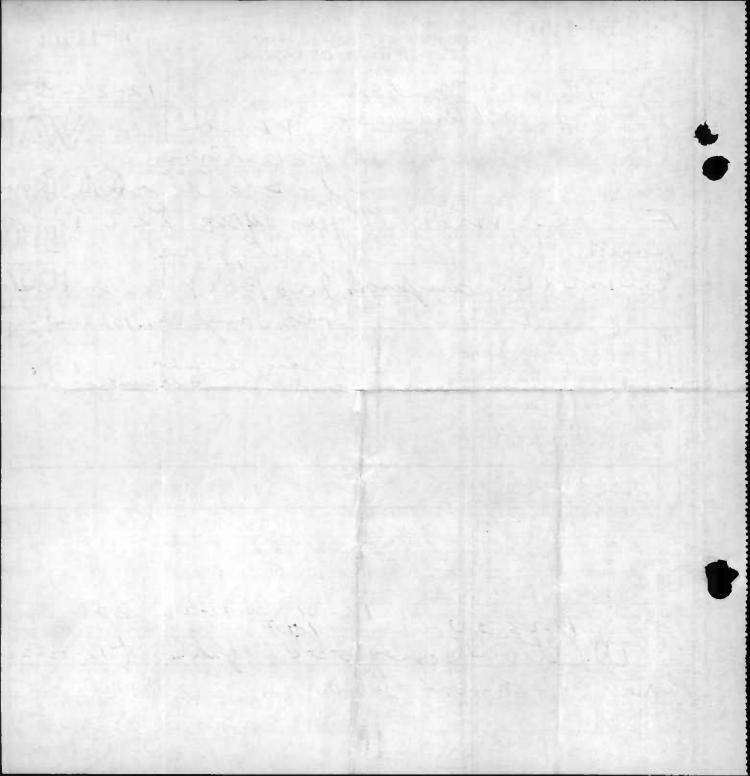
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		EALTH DEPARTMENT E OF DEATH Registered No.	11014				
	1. NAME OF DECEASED (Type or Print) Dr. James Herbert W.	ilkerson 2. DATE OF DEC.	22/50				
1	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission)				
11 1	HOSPITAL OF Ambassador Apts. location by St. & Canterbury Rd.	c. CITY OR TOWN (If outside corporate limits, w	rite RURAI, and give township)				
17	Yrs. Mos. c. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) Ambassador Apts., 39th St.&Canter=b					
11	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. Male White Married (Specify)	18 DATE OF BIRTH 9 AGE (In years) If Heds	Days Hours Min.				
w	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) 10 SURGERY SURGERY		CITIZEN OF WHAT COUNTRY?				
	James W. Wilkerson	14. MOTHER'S MAIDEN NAME Ann Quinn					
C	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, cive war or dates of service) Yes Vorid War 1 16. SOCIAL SECURITY NO.	Mrs. Helen Wilkerson, Ambas					
MOLLYCIL	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAPCOLOR.	onary thrombosis onary thrombosis, cerebral olism, right sided hemiplegia, ianopsia and aphasia and dio-vascular-renal disease.	l day three years				
1 1	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT. SUICIDE. 21b. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., ctc.) INJURY OCCUR?						
1	W Company of the comp						
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from Nov. 9th. 19 46 to Dec. 22nd., 19 50, that I last saw the deceased alive on Dec. 22nd. 50, and that death occurred at 11.50pm, from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED M.D. 3030 Edmondson Ave Dec. 24, 1950.						
	24a. BURIAL, CREM 24B. DATE 24C. NAME OF CEMET TION REMOVAL (Specify) 12/26/50 Loudon Par	ERY OR CREMATORY 24D. LOCATION (City, town, or k, 3801 Frederick Rd. Balto.	county) (State)				
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	Farry 7. With 4101 Edmond	dson Ave.				
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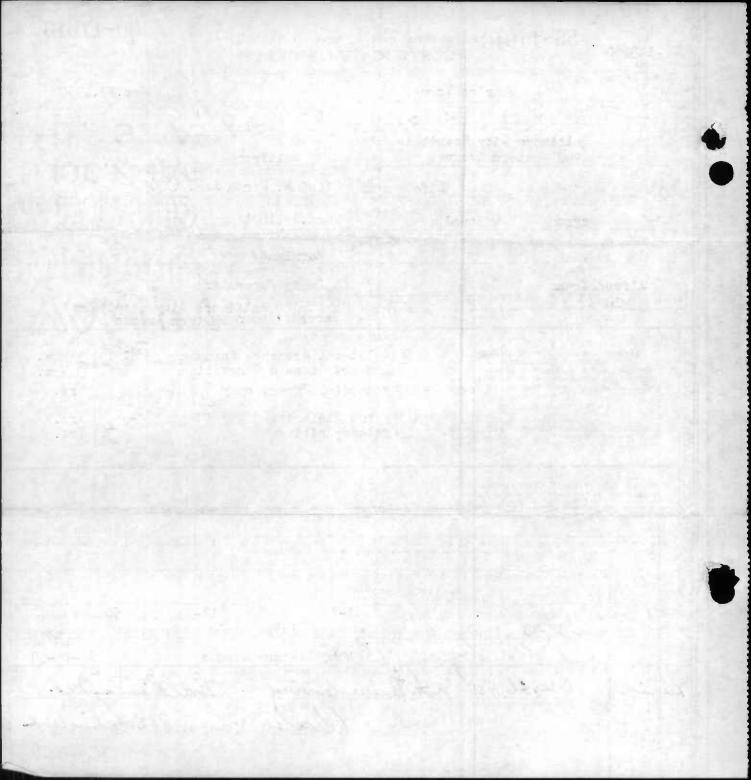
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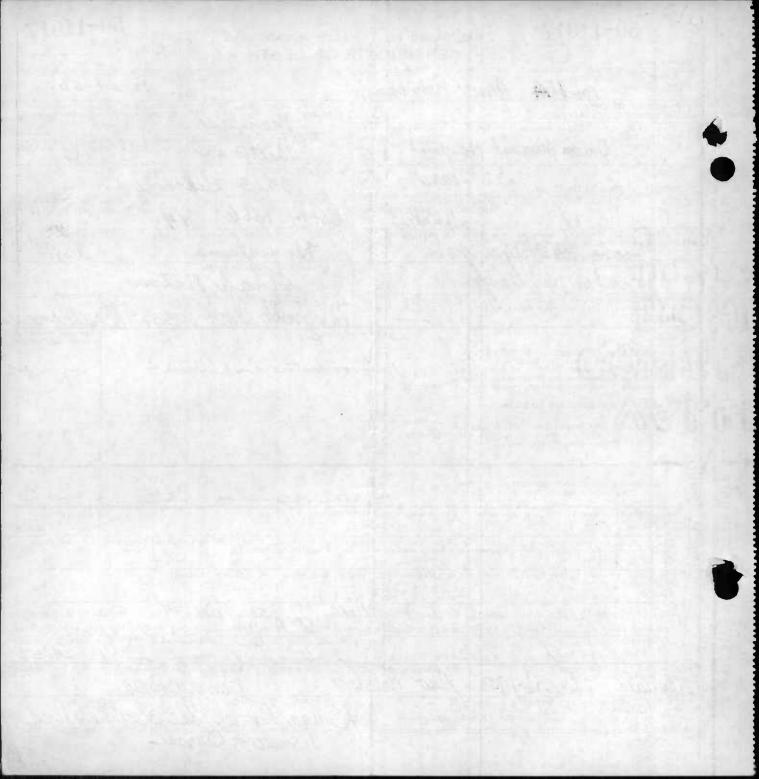
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(ull	V. V.
FOR BINDING	PLEASE WRITE PI	the causes of death clearly and leg
MARGIN RESERVED FOR BINDING	UNFADING INK. Ever	Physicians: please write
1	WRITE PI	ge is especially abortant.
	PLEASE	correct a

-	520					50-	11016
	D-143800	50-110)16 BAL	TIMORE CITY H	EALTH DEPARTMENT E OF DEATH	Registered No	
1. NAME OF DECEASED (Type or Print) Charles Young				2. DATE OF Dec.23	.1950		
3.	PLACE OF DE	EATH:			4. USUAL RESIDENCE (W	1	
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Boltimore Cityr Hospital a location)			Maryland				
HOSPITAL OR INSTITUTION Baltimore City Hospitals location 4940 Eastern Avenue			Baltimore (If	outside corporate limits,	write RURAL and gi townshi		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1645 W. North Ave. (17)				
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify. Widowed)			8. DATE OF BIRTH Oct.24,1871	9. AGE (In years lf Un last birthday) Mont	der I Year hs Days Hours Min		
10A work	A. USUAL OC done during most o	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	preign country)	2. CITIZEN OF WHAT COUNTRY
13.	FATHER'S N	ed Young			Emily Carpente		
15. (Yes,	, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANBaltimo Records: 4940 Ea	re City Hospita	375
FICATION	injury or DISEASES	re, asthenia, etc. It mea complication which (ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	aused death ES F ANY, GIVIN STATING TH	Myocar	dial Hypertrophy Scelerios ephritis		Yrs. Yrs. Yrs.
CERTI	TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE				RATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., in or bout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, git about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						YES X NO Le exact location)	
2 15. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE							
	22. I hereby certify that I attended the deceased from 11-29, 1950, to 12-23, 1950, that I last sar deceased alive on 12-23, 1950, and that death occurred at 3:45pm., from the causes and on the date stated at					date stated abov	
			4940 Eastern Avenu		12-24-50 (State		
Burial Dec. 26, 450 gut. aubury Cem					y Centery 240. L	Balling	Jul. (State
LO	TE RECEIVED	RAR	SIGNATU	THE WHITE AND A STATE OF	Charles R. L	au, 802 Mas	han ave
	VS 150	330	Zah				13/2



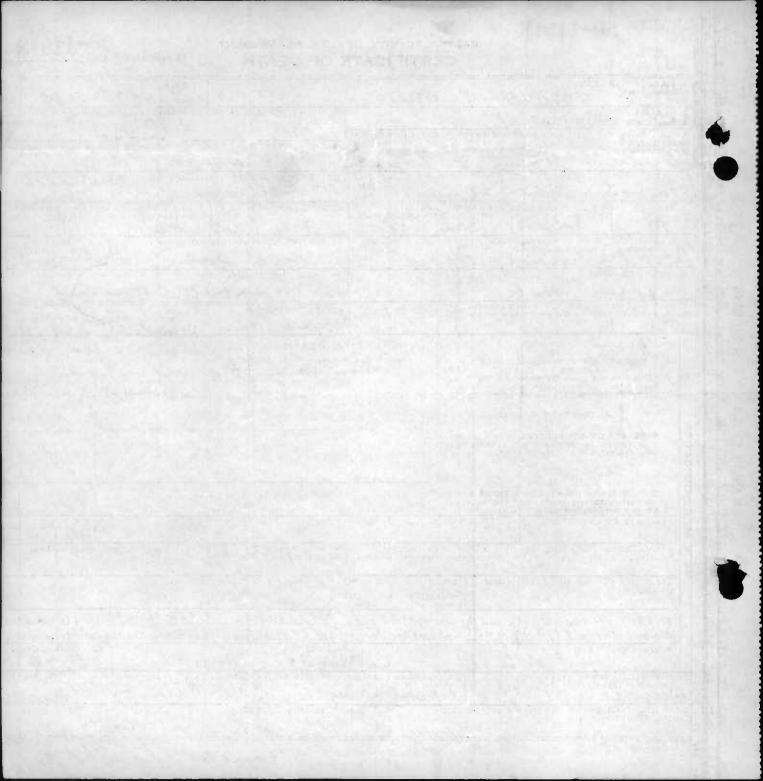
Registered No.

BI	RTH NO.							
(T	NAME OF DECEASED ANN Rohrbaugh		ATE OF 12-24-50					
Α.	Baltimore City, Maryland	A. STATE	eceased lived. If institution: residence B. COUNTY before admission)					
H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION Memoral Hospital							
C.	Length of stay in Baltimore 3 2 Hears Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 3323 Reach (W.						
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B DATE OF BIRTH 19 AC	GE (In years If Under I Year If Under 24 Hours at bi day) Months Days Hours Min.					
10 wnrh	A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR deneduring most of working like oven if retains) ADDRESS OR INDUSTRY	11. BIRTHPEACE (State or foreign contry) 12. CITIZEN OF WHAT COUNTRY!						
13	FATHER'S NAME Rohrbaugh	14. MOTHER'S MADEN NAME Larah Bortner						
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FOR ES? (If yes, give war nr dates nf sovice) SECURITY NO.	Mrs. Loseph Short	ADDRESS ADDRESS ARMUS					
	18. 420.0 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
	ine ?years							
	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES							
Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)								
RTIF	OTHER SIGNIFICANT CONDITIONS CON.							
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	onchopseumonia, l						
AL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION *	20. AUTOPSY?					
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in nr 21c. WHERE DID INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in nr 21c. WHERE DID INJURY OCCUR?								
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE								
	22. I hereby certify that I attended the deceased from Dec. 1950 to Sec. 24, 1950 that I last saw the deceased alive on Sic24, 1950, and that death occurred at 60 Am., from the causes and on the date stated above.							
		3B. ADDRESS Chan Mem	and North 23c. DATE SIGNED					
TIG		RY OR CREMATORY 240 DOCATIO	(State)					
	TE RECEIVED BY REGISTRAR'S SIGNATURE	Suger Funual Hot	ne 363/ Halls Road					
	VS 150	Horace F. Bur	gee 93)					



BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

4-	1	50-11018 BALTIMORE CITY HEALTH DEPARTMENT X 50	-11018					
The	81	CERTIFICATE OF DEATH Registered No						
plied.	(T	Type or Print) TOSHUA T. HALE. 2. DATE OF DEATH 12/2	5/50.					
ilda	Α.	Baltimore City, Maryland V. A. STATE B. COUNTY B. COUNTY	ution : residence before admission)					
1y	HO	FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write)	te RURAL and give township)					
ibly.		Yrs. O. STREET ADDRESS (If rural, give location)	ed alla					
e car legib		Length of stay in Baltimore 2 45 - Mos. 1/2 Saltencore Well SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 11 Under	md.					
should be	3.	M 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 7. 6. 1863 9. AGE (In years last birthday) Months	Days Hours Min.					
	10 Worl	OA. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR INDUSTRY INDUSTRY INDUSTRY	CITIZEN OF					
NG rmation death c	13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	J. 7.					
VDING information of death cle	15	5. VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11 SECURIT	my.					
BINDING of inform uses of dec	(Ye	(If yes, give war or detes of service) SECURITY NO. Samuel Hale Deen delk	Mid.					
R em cal			NTERVAL BETWEEN					
F. C.		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	si.					
RVED Ever write		injury or complication which caused death.) DUE TO						
RESERVED INK. Even please write	NO	DISEASES OR CONDITIONS, IF ANY, GIVING						
7 13	ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
MARGIN UNFADING Physicians:	TIFIC	(C)						
MA UNF, Physi	CER	TRIBUTING TO THE DEATH, BUT NOT RELATED						
hel	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
WITH important.	EDIC,	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give of about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?						
PLA		m. WHILE AT NOT WHILE AT WORK AT WORK 122. I hereby certify that I attended the deceased from 11/2-3/1950 to 12/25/1950th						
TE 1		deccased alive on 17/2 5, 19 5 and that death occurred at 5.4 m., from the causes and on the de						
WRI e is		23A. SIGNATURE LONG M. D. Cleur Fan a Hopelal 23	LA SIGNED					
SE ag		AA BURIAL, CREMA- 24B DATE 24G NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or co	unty) (State)					
PLEASE WRITE PLA	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRI							
Ho	2	1 F (s) 160 950 House for Williams, Mrs. Oderard Sept	Tu					
	IIV	Hampstead N	4.136					



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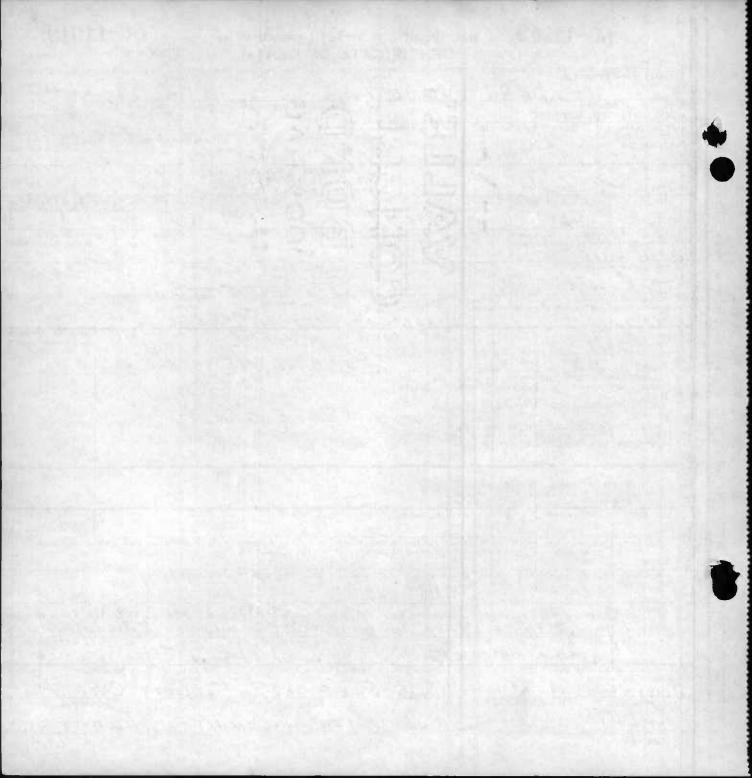
CERTIFICATE OF DEATH

50-11019

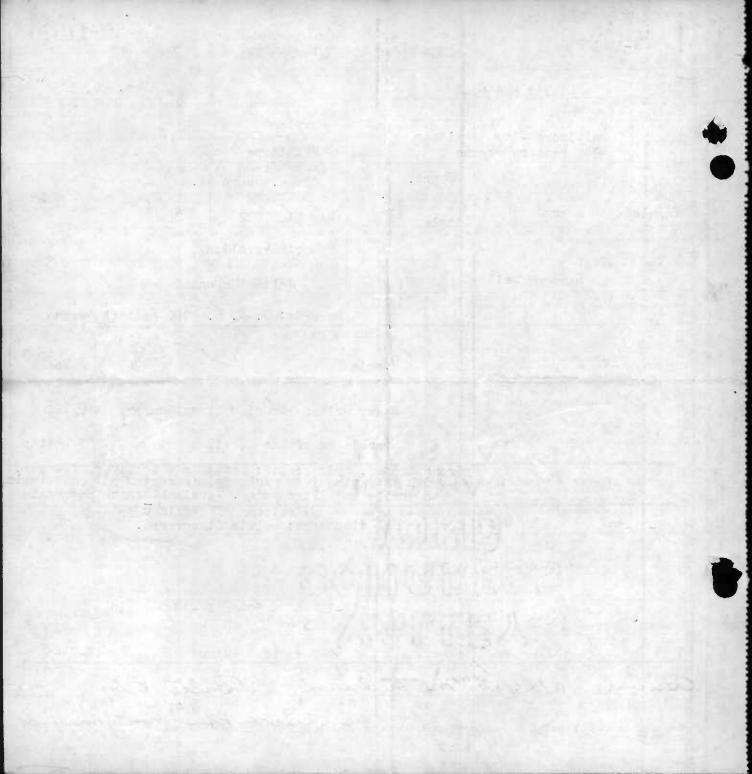
BIRTH	NO.			CERTIFICAT	E OF DEA	TH	Register	ed No.		
3. PLAC	TE OF DE	ATH:	RY	SO NN TA	1 G 4. USUAL RES	IDENCE (W	here deceased live	/ Z ~	itution:	
	NAME C	ity, Maryland OF (If not in hospit		tion, give street address or location)	A. STATE A.A.A.Y. C. CITY OR TOV	NN (If	B. COUNT HOW outside corporate	PRD	befor	e admission)
	gth of st	ay in Baltimore		Yrs. Mos. Days	ST. J	RESS (If	rural, give locatio	,	630	5
5. SEX		6. COLOR OR RACE	MIDON AX	E, MARRIED. VED DIVORCED (Specify)	8. DATE OF BIF	1882	9. AGE (In yea last birthday			If Under 24 Hours Tours Min.
Work done d	luring most of		10B. KIND	O OF BUSINESS OR INDUSTRY	Md.			12.	CITIZE	N OF COUNTRY
	· En	ever IN U. S. ARMED			14. MOTHER'S	MAIDEN NA	AME			
(Yes, no or	No	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	RECO	RRS	ADDF	RESS	
NO DO R	This does a ceart failure on jury or of A	E OR CONDITION LEADING TO DEAT not mean the mode of a sathenia, etc. It mean the complication which control to the complication which control to the conditions, is a solve cause (A) NG CONDITION LA	TH dying, e. g ns the discas aused death ES FANY, GIVIN STATING TH	(B)	REBRAL PERTE		108844	66		
fel T	RIBUTING	II GNIFICANT CONDI TO THE CEATH, BUT EASE OR CONDITION	NOT RELATE	D						
19A. 21A	DATE OF	OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION				20. AU	NO C
1.1	ACCIDE NG OR USE OF D	NT WAS UNDER- CONTRIBUTING DEATH	218. PLA about home, i	ACE OF INJURY (e. g., i farm, factory, at reet, office bldg.,	or 21C. WHERE		f in Baltimore C	ity, give	exact lo	cation)
21D.	TIME (MINJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK	ED 21F. HOW D	ID INJURY	OCCUR?		941	
dece	I hereby eased ali	ve on 12-24	ended the , 19 50	deceased from 12 and that death occur	23, 19 rred at 8:30 P 38. ADDRESS	4	re causes and	on the d	late sta 3c. DAT	st saw the ted above E SIGNED 2 4.50
BUR	URIAL CF MOVAL Sp PECEIVED RECEIVED	12-28	-1950	COOP SH	RY OR CREMATOR	IRECTOR	CATION (City, I	CAR	ounty) ODRESS	(State) Md.

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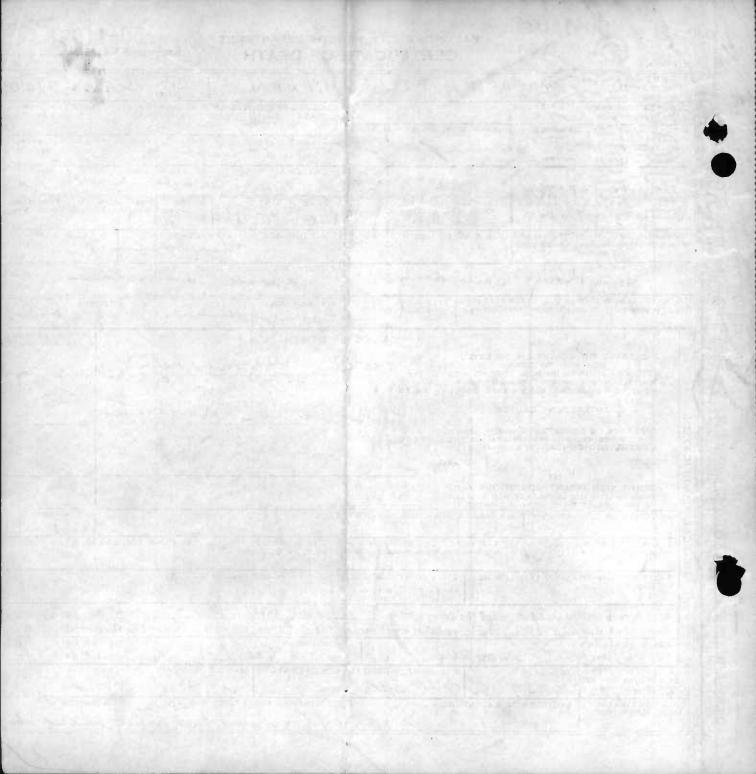
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RESERVED



50-11021		50	_14004
525	CERTIFICATI	D . 1 . 1	11021 No.
BIRTH NO.	CERTIFICATI	L OF BEATH	
1. NAME OF DECEASED (Type or Print)	A WHITE JO	OHN SON 2. DATE OF DEATH	ee.22.1950
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, I	f institution : residence before admission
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION 100 4	calculation, give street address or location)		its, write RURAL and give township
c. Length of stay in Baltimore	SO Yrs. Mos-	D. STREET ADDRESS (If rural, give location)	heel N
Seuce 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec - 18-1880 9. AGE (In years last birthday) 70	H Under 1 Year H Under 24 Hours Min
10A. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	Many tout -	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Saun der	14. MOTHER'S MAIDEN NAME Surve	la
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or nnkoown) (If yee, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Carrie Vlusur 100	of See Denla
18.422.2	CAUSE	OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION I	DIRECTLY 0.0		ONSET AND DEAT
(This does not mean the mode of	H 404	me My ve ar belie	2. (0
heart failure, asthenia, etc. It mear	ns the disease,		- Leby
injury or complication which ca	aused death.) DUE TO		
ANTECEDENT CAUS	ES	es len sur Migher	4
DISEASES OR CONDITIONS, IF	STATING THE DUE TO	\	
Underlying condition Last	(6)		
OTHER SIGNIFICANT CONDI	TIONS CON		
TRIBUTING TO THE DEATH, BUT I	NOT RELATED		
19A. DATE OF OPERATION	BB, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
A P			YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i. about home, farm, factory, street, office bldg.,		give exact location)
ZID. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
OF INJURY	WHILE AT NOT WHILE		
	m. WORK AT WORK	10	.07)
22. I hereby certify that I atte	ended the deceased from	10, 1948 to 12/22, 19	, that I last saw to
		rred at 2 a 1 m., from the causes and on	
23A. SIGNATURE	2101181	122 V Lee	12 LL VO
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, tow	
TION REMOVAL (Specify)	100 mt Cales		md
	S SIGNATURE	25 FUNERAL DIRECTOR 106 -7.1	ADDRESS
LOCAL REGISTRAR	Jon Williams May		tomens &
TF 0.2 6.1950	T. AL. LINOUS WYSTER VILLE	- y com man man	genery s



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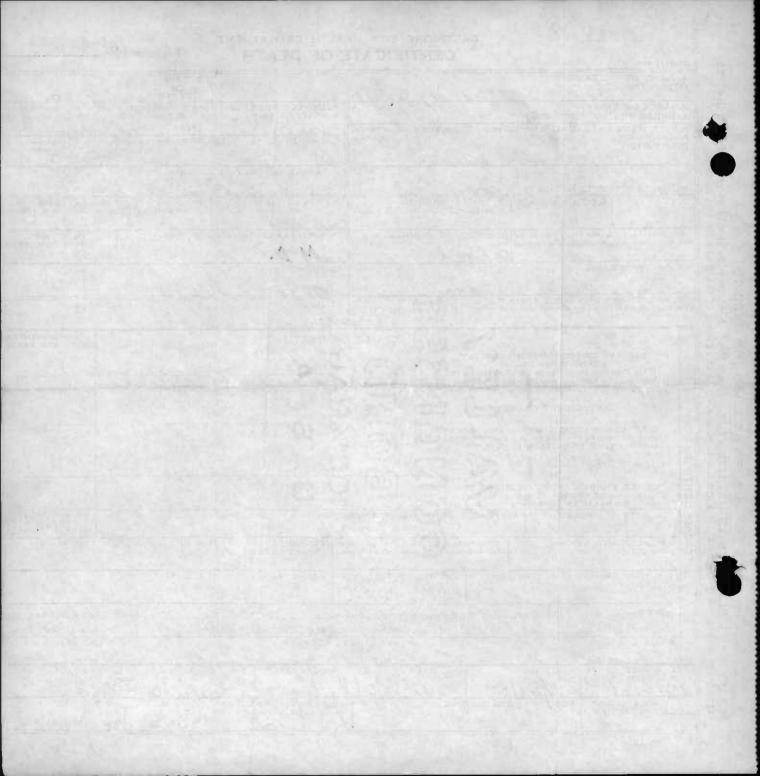
50-11022

CUNNINGHAM

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11022

BIR	TH NO.						
	IAME OF DE	CEASED				2. DATE	
(Lyp	e or Print)	John A	. Can	ning ham		DEATH /2/	1 /50
	LACE OF DE altimore C	ATH: ity, Maryland			4. USUAL RESIDENCE (nstitution: residence before ndmission)
HOS	ULL NAME OF SPITAL OR TITUTION	of (If not in hos	pital or institut	ion, give street address of location		f outside corporate limits,	
2	, , , , , , , ,	MERC	· Was	6	Rolto	27-	-44 township)
700	4		7	Yrs.	O. STREET ADDRESS (II	rural, give location)	
c. L	ength of st	ay in Baltimore	Lete	Mos. Days	3306 Rib	Sone ALO	
5. S	EX	6. COLOR OR RAC	E 7. SINGL	E. MARRIED. /ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday) Mon	Under 1 Year H Under 24 Hours this Days Hours Min.
104	USUAL OCC	CUPATION (Give kine	Int 100 KING	OF BUSINESS OR	17. BIRTHPLACE (State or	foreign country	12. CITIZEN OF
		working life, even if retir		INDUSTR		toreign country)	WHAT COUNTRY?
	Oliver.		Kelika	ed	19 D.		Cl. 5.
13.1	FATHER'S N	AME			14. MOTHER'S MAIDEN N	IAME	
70	Somas	J. Can	ning ha	da	17004 04	1904	
15. Yes, 1	WAS DECEASES	O EVER IN U. S. ARI	AED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
	1			DECOMPT NO.	HOLP. Pac	ande	
	B. 442	V		CALISE	OF DEATH		INTERVAL BETWEEN
	1 1 00	1			o. DEATH		ONSET AND DEATH
		E OR CONDITIO LEADING TO DI	EATH				
	heart failur	not mean the mod e, asthenia, etc. It n	neans the diseas	g., (A) /// / / / / / / / / / / / / / / / / /	o Vascular di	teriosciat	one 3 your
	injury or	complication which	n caused death	.) DUE TO			
	,	ANTECEDENT CA	USES				
NO P	DISEASES	OR COMPLETIONS		(B)	***************************************	•••••••••••••••••••••••••••••••••••••••	
Ĕ	RISE TO TH	OR CONDITIONS	A) STATING T				
Y	UNDERLY	ING CONDITION	LAST.				
RTIFICA				(C)			
F	OTHER SI	II GNIFICANT CON	IDITIONS CO				
LL	TRIBUTING	TO THE DEATH, B	UT NOT RELAT	ŁD .			
0 -		SEASE OR CONDITION		FINDINGS OF OPE	RATION	***************************************	20. AUTOPSY?
		0	100: 1170011	1111011100 01 01 21			YES NO
3 -	21A. ACCIDE	NT. SUICIDE.	218. PL	ACE OF INJURY (e. g.,	in or 21c. WHERE DID	If in Baltimore City, gi	
ED	HOMICIDE	(Specify)		farm, factory, street, office bldg.			
		Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJUR	Y OCCUR?	
1	OF INJURY			WHILE AT NOT WHILE			
-			m.	WORK AT WORK			
					2/2/ , 1950, to		
					rred at3: 10 m., from	the causes and on the	
1	23A. SIGNAT	URE	0	11	23B. ADDRESS		23c. DATE SIGNED
2.1	Cha	ales K	· ohe	M. O.	mercal fan		12/24/2
TIQN	REMOVAL (SI	REMA- 24B. DATE	1	24C. NAME OF CEMET	OR CREMATORY 248.1	OCATION (City, town, o	or county) / (State)
L	ureal	11/2	1/50	New Val	hedial +	-) also Y	nd.
	E RECEIVED	BY REGISTRA	S SIGNATI	JRE /	25 FUNERAL DIRECTOR		ADDRESS
200	AL REGISTA	A 17 5		1111	Luck	5305 A	artind Rd
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	V5 150		65	777	920		11920
					1) -		11 1-1

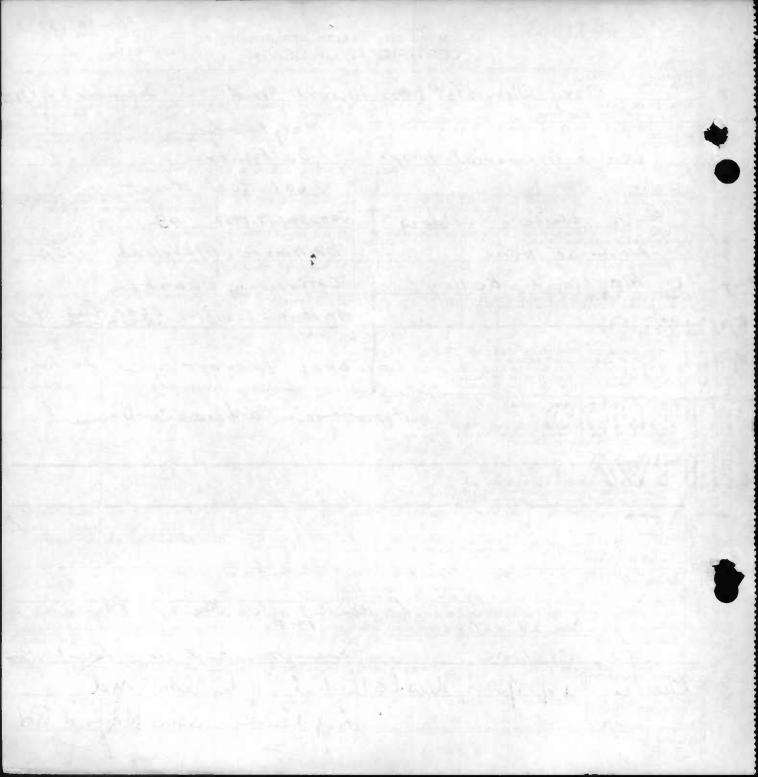


RESERVED

BALTIMORE CITY HEALTH DEPARTMENT

50-11023

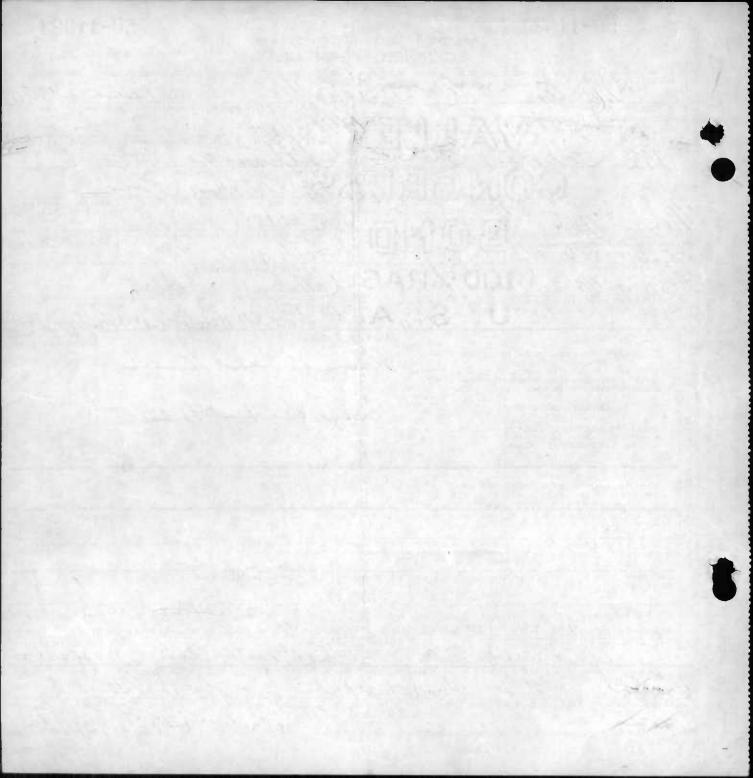
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) (Mrs. Howsro DEATH VECLO 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Merulan HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Z2Yrs. Mos. 2601 Robb Street c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. widow January 19, 1907 clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None as information 2 /4/2 xd 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME Martin Catherine Banshan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 601 Rabb NO 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) (B) Hypertensiis Carliousselar Disa ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: (C) L RTI 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT AT WORK 22. I hereby certify that I attended the deceased from Sec. 23 , 1950 to Dec. 24, 19 That I last saw the deceased alive on Dec. 24, 1950, and that death occurred at 140 Pm., from the causes and on the date stated above. 23c. DATE SIGNED 24A BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAD DIRECTOR ADDRESS LOCAL REGISTRAR 5. 12 Misula Ma



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50-11024 Registered Nobefore admission) (If outside corporate limits, write RURAL and give If Under 1 Year If Under 24 Hours Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 23c. DATE SIGNED

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50-11025 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11025 Registered No.

B	IRTH NO.				
1.	NAME OF DECEASED Type or Print)	1 2.0-0-0		2. DATE OF 24 DE	- 10~
	PLACE OF DEATH:	C. KOBERTS	4. USUAL RESIDENCE (W	DEATH	
A.	Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
B.	FULL NAME OF (If not in hospital of OSPITAL OR	or institution, give street address or location)	MO.		
IN	ISTITUTION LUTHERAN H	OSP. OF MD.		outside corporate limits, write	e RURAL and give township)
			D. STREET ADDRESS (If)		<u>ت</u>
1		Yrs. Mos.		AKEFIELD R	D
-	Length of stay in Baltimore SEX 6.COLOR OR RACE 7	Days 7. SINGLE, MARRIED.	8. DATE OF BIRTH		Vees Il Hada 24 House
	F W	WIDOWED, DIVORCED (Specify)	23 JUNE 1894	9. AGE (In years It Under I last birthday) Months I	Days Hours Min.
16	A USUAL OCTUPATION (Give kind of)	OB. KIND OF BUSINESS OR		reign country) 112 C	ITIZEN OF
10	USUAL OCCUPATION (Give kind of 1)	OB. SIND OF BUSINESS OR OF HOUR	0410		HAT COUNTRY?
13	FATHER'S NAME)	14. MOTHER'S MAIDEN NA	AME	
	quil Mohlenh	off	Francis &	octens	
15	5. WAS DECEASED EVER IN U. S. ARMED F	ORCES 16. SOCIAL SECURITY NO.	17, INFORMANT	4500	55
, ,	No m	2/3-03-4542	Harry F. Rob	erts Waks liz	URd.
	18. 1951	CAUSE	OF DEATH		TERVAL BETWEEN
	DISEASE OR CONDITION DE	RECTLY		O	NSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of	1000	MAL CARCIN	OMATOSIS	
3	heart failure, asthenia, etc. It means injury or complication which cau	the disease.			*************************************
z	ANTECEDENT CAUSES	(B) CARO	INOMA, OUN	12x	
ATION	DISEASES OR CONDITIONS, IF A	ANY, GIVING			***************************************
X	UNDERLYING CONDITION LAST				
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RTIF	OTHER SIGNIFICANT CONDITI	CNE CON			
ш	TRIBUTING TO THE DEATH, BUT NO	OT RELATED			
U	19A, DATE OF OPERATION / 19B	, MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
A	13 DEC. 1950	ASCITES, METASI	TATIC IMPLANT.	5	YES NO
EDIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (I	f in Baltimore City, give ex	act location)
Σ	21p. TIME (Month) (Day) (Year) (H	Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY	m. WHILE AT NOT WHILE			
	22. I hereby certify that I atten	nded the deceased from	Ulu . 1900, to 2	Villa 1950 tha	t I last saw the
	22. I hereby certify that I attendeceased alive on 2 steel,	1950, and that death occur	red at 120 Pm., from ti	he causes and on the da	te stated above.
	23A. SIGNATURE		3B. ADDRESS		DATE SIGNED
	James /V	. ala. M. D.	Julian	- 14ay, 2	f Che "50
2	4A. BURIAL CHETA- 24B. DATE	24C. NAME OF CEMETE		OCATION City, town, or cou	inty) (State)
_	Surial 7/2/		wu 4	loodlawn .	ms.
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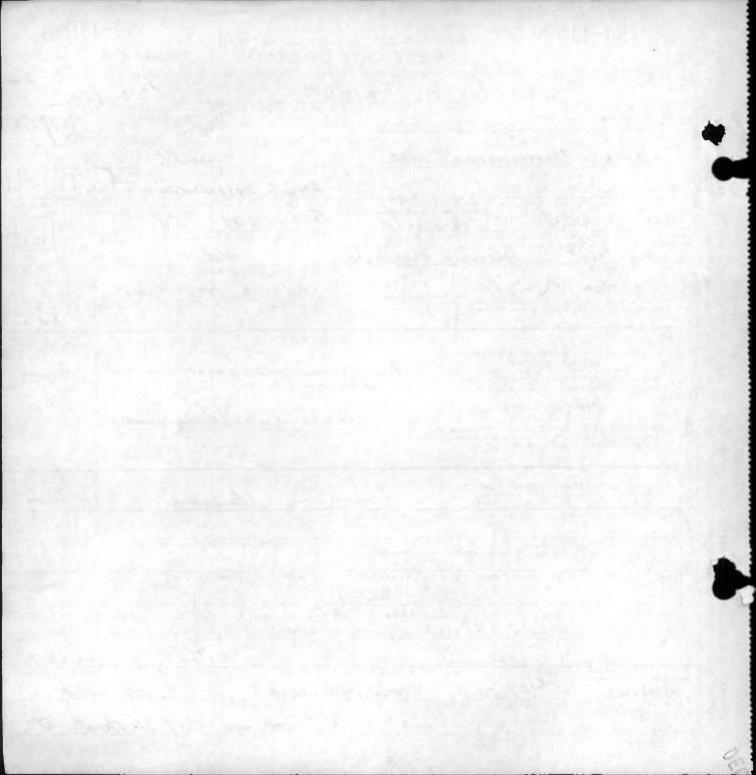
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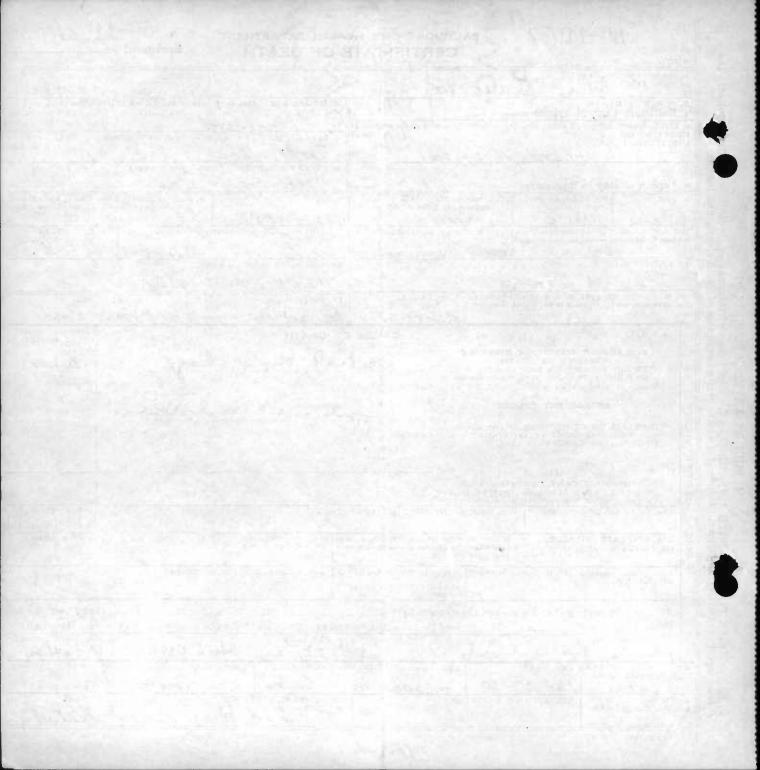
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8	IRTH NO.			EKTIFICAT	E OF DEAT	П	tered No.	
	NAME OF DECEA Type or Print)	Cha Cha	nles	E. Kni	ght	2. DATE OF DEATH	2/23/50	0
A.	PLACE OF DEATH Baltimore City,	Maryland			A. STATE	ENCE (Where deceased		on: residence eforc admission)
H	OSPITAL OR	(If not in hospit	al or institution	, give street address of location		(If outside corpor	ate limits, write l	RIIRAL and give
11	2462	Green	mound	+ ava		/Sallo	- 12-0	3 township
c.	Length of stay i	n Baltimore		Yrs. Mos. Days	2462	ESS (If rural, give locally of the second of		
5.	Mala 6.CC	LOR OR RACE	7. SINGLE, WIDOWEL	MARRIED.	8. DATE OF BIRT	last hirth	years If Under 1 Yearday) Months Da	
10	A. USUAL OCCUPA	TION (Give kind of	IOB. KIND C	F BUSINESS OR	11. BIRTHPLACE	State or foreign country	112 CIT	IZEN OF
Wor	Money during most of working	ng life, even if retired)	dantid	VEWELY C		md.		IAT COUNTRY
13	FATHER'S NAME	2.	OPTO	METERST OFFICE	14. MOTHER'S MA	IDEN NAME		THE PARTY
1.0	Volen	e Manig	ht		dana	h Hopk	en5	
(Ye	s, no or unknown) (If	Yes, give war or date	o nf service)	SECURITY NO.	17. INFORMANT		ADDRESS	
	18. 45D.O			CAUSE	OF DEATH		INTE	ERVAL BETWEEN
		CONDITION DING TO DEAT		Δ.	1.		ONS	
	(This does not a	ncan the mode o honia, etc. It moa	f dying, e.g.,	(A) DISS	cong ance	trum abdon	emel	5 mas
	injury or comp	lication which c	aused dcath.)	DUE TO	sta.			
_	ANTE	CEDENT CAUS	ES	4				
ATION	DISEASES OR	CONDITIONS, IF	ANY, GIVING	(B)	meranzu	- muasel	week .	****************
AT	UNDERLYING	OVE CAUSE (A) CONDITION LA	STATING THE	DUE TO				
FIC				(C)			***************************************	
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CE	TRIBUTING TO T	HE OEATH, BUT	NOT RELATED CAUSING IT.	(ar	owerezo	clusian	5	mes
	19A. DATE OF OP	ERATION 1	9B. MAJOR F	INDINGS OF OPER	RATION		20	AUTOPSY?
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MED	21a. ACCIDENT V LYING ☐ OR CON CAUSE OF DEAT	TRIBUTING	about home, farm	a, factory, street, office bldg.,	etc.) INJURY OCCU	IR?	e City, give exac	t location)
	21D. TIME (Month OF INJURY	(Day) (Year)		E. INJURY OCCURR		INJURY OCCUR?		
				ORK NOT WHILE				
	22. I hereby eer	tify that I att	ended the de	eeased from	July , 195	2, to Dee	, 1950, that I	I last saw the
	deceased alive o	n Nee 22	, 19 <u>50</u> . an			, from the causes an	d on the date	stated above.
	23A. SIGNATURE	410	Jacence		3B. ADDRESS	. b Post		DATE SIGNED
24	A. BURIAL, CREMA	- 24B. PATE	0.1	M. D. C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (Cit		y) (State)
144	Burial	12/27	1/50	Holy	Redremer	131		
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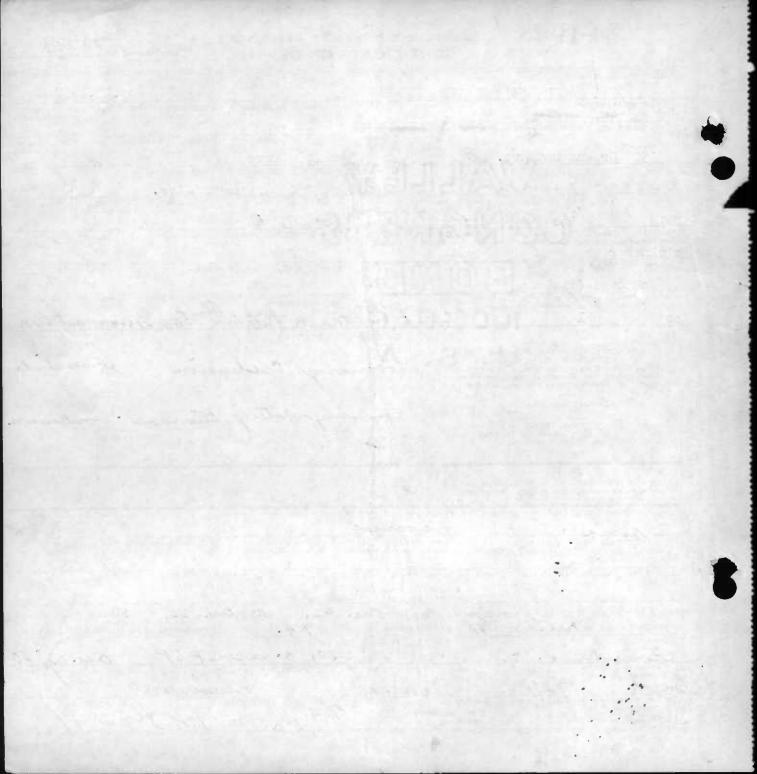


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3	-1	615 50-11027 BALTIMORE CITY HEAL	TH DEPARTMENT 50-11	027
The	BI	CERTIFICATE		
	1.	NAME OF DECEASED (YPE OF Print) Wn. GRIFFIN	2. DATE OF DEATH DEC. 2	4.1950
pplied		PLACE OF DEATH:	. USUAL RESIDENCE (Where deceased lived, If insti	
	B. HO	FULL NAME OF (If not in hospital or institution, give street address or location)	Many land CITY OR TOWN (If outside corpgrate limits, wr	ite RURAL and give
y.	IN	LUthern Hospital	Baltimore 13-0	township)
d be ca and legibiy.	1	Vec. D.	STREET ADDRESS (If rural, give location)	
be o			DATE OF BIRTH 9. AGE (In years) If Under	1 Year It Under 24 Hours
		Male White Married Recolly	28. 4 1897 S3 Months Months 10	Days Hours Min.
on shou clearly	10 work	k dooe during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY?
	13	Plumber VAANCIS Dorsey, employer &	MOTHER'S MAIDEN NAME	1. S. F.
rmati		JOHN A. GRIFFIN	HENRIETTA BEALE	
	15 (Yes	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 6. 00 or uoknown) (If yes, give war or dates of service) 2/5-03-6/80 MA	1. INFORMANT ADDR 15. GRIFFIN (WIFE) 4118 FS//S	0 .
item of i		18. 443X , CAUSE OF	DEATH	INTERVAL BETWEEN ONSET AND DEATH
the c		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Q Henry Care	101
Every ite write the		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	7	12 ~~.
-	z	ANTECEDENT CAUSES	tensie Vascula Disease	•
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ADIN	RTIF	(C)		
Phys	CEF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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with with a supportant.	ME		INJURY OCCUR?	
fills		21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY m. WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?	
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s es		deceased alive on, 19, and that death occurred		ate stated above. BC. DATE SIGNED
E WRITE PL age is especia		Stanley Rotanbook M.D. In	theran Nospital 1	2/24/50
五 (2)	TIC	AA. BURIAL, CREMA- ON, REMOVAL (Specify) RU 0 1 0 1 12- 27-50 LOUGAN Park	Cem. Boltimore, M.	ounty) (State)
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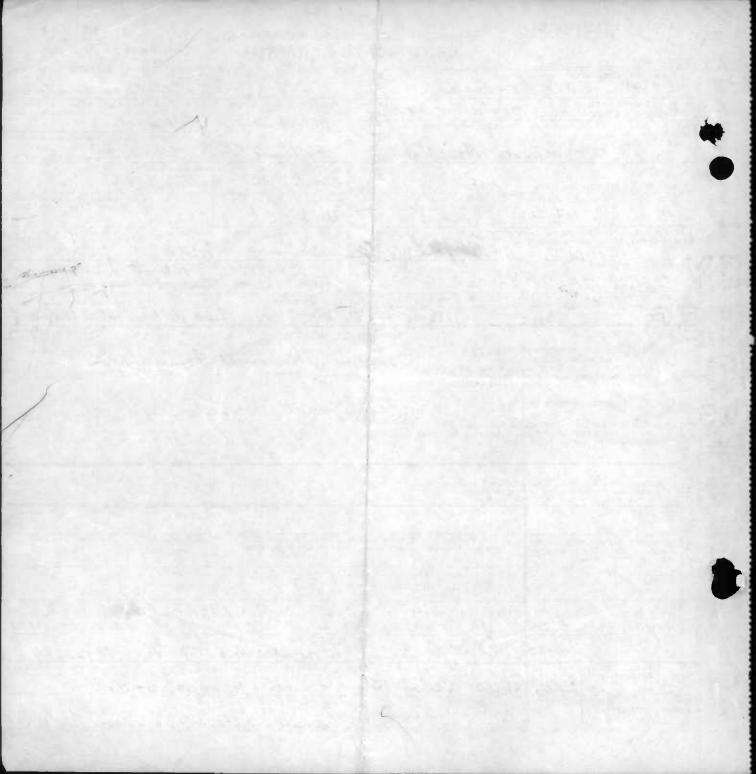


The	B:	AS350-11029 BALTIMORE CITY HE CERTIFICATE		11029
		NAME OF DECEASED Upe or Print) Care Heiland-	2. DATE OF DEATH 07 DEATH	23-1910
lly upplied.	B. H	PLACE OF DEATH: Baltimore City, Maryland Bon Secours Hospital FULL NAME OF (If not in hospital or institution, give street address or location) Septital OR Secours Hospital -	A. USUAL RESIDENCE (Where deceased lived. If ins A. STATE Maryland. C. CITY OR TOWN (If outside corporate limits, v. 1971)	before admission)
eg y		Yrs. Mos.	D. STREET ADDRESS (If rural, give location) Christing St - Balts 23, md.	20-05
and le	-	SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) M. Win Le Married Married Married Married		ler I Year If Under 24 Hours Ins. Days Hours Min.
n shot clearly	10 worl	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) PACK FR. MC. Commune HC.		CITIZEN OF WHAT COUNTRY
NDING information should be eq s of death clearly and leg	13	CARL HEILAND - SR. SPICES (M)	14. MOTHER'S MAIDEN NAME Heretta, &	ering.
BINDING of inform uses of dea	15 (Ye	WAS DECEASED EVER IN U, S. ARMED FORCES? a, no or unknown) (If yes, give war or dates of service) RO. 16. SOCIAL SECURITY NO. 213-05-30-69	17. INFORMANT (Wife) yms. Clara Heilaw? 2:	RESS Christine St.
RESERVED FOR INK. Every item please write the car	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE (A) The assurate of the condition of the	of DEATH ire in tracraneal hemorrhage lignant Hypertension	INTERVAL BETWEEN ONSET ANO GEATH
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
-	CAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		20, AUTOPSY?
, WITH	MEDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e CAUSE OF DEATH 21o. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE	to.) INJURY OCCUR?	e exact location)
PI		OF INJURY WHILE AT NOT WHILE M. WORK AT WORK		
WRITE PI		22. I hereby certify that I attended the deceased from /2/deceased alive on /2/23 /, 1950, and that death occur 23A. SIGNATURE	red at am., from the causes and on the	hat I last saw the date stated above. 23c, DATE SIGNED
SE WE		AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY, OF CREMATORY 240. LOCATION (City, town, or	2/23/50. county) (State)
PLEASE COrrect age	DA	Burial . Dec. 26/50 Cedar Blu ATE RECEIVED BY REGISTHAR'S SIGNATURE DOAD REDISTRAR	III - III III III III	DDRESS

20. AUTOPSY? YES City, give exact location) , 1950, that I last saw the d on the date stated above. 23c, DATE SIGNED 12/23/ 50. 69047

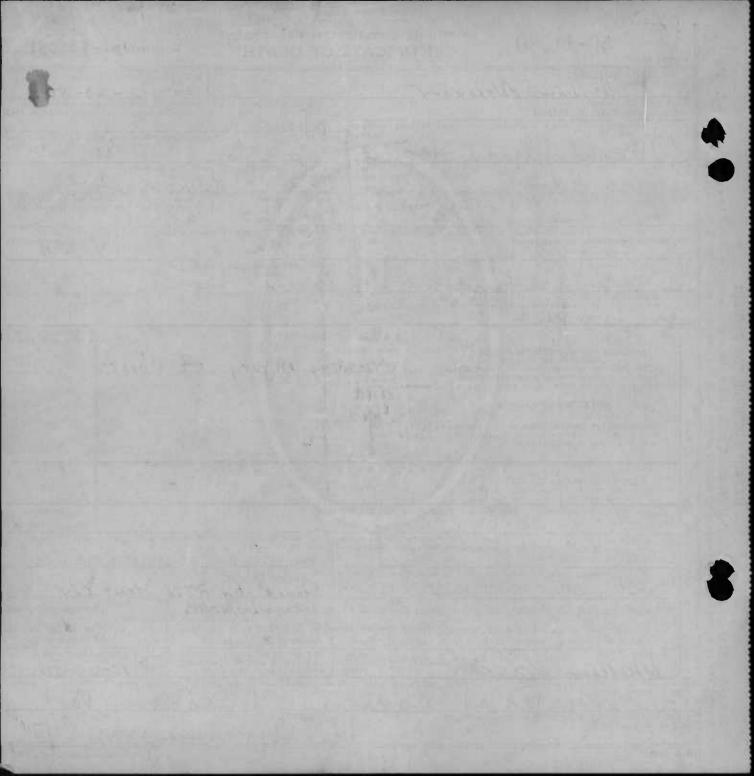
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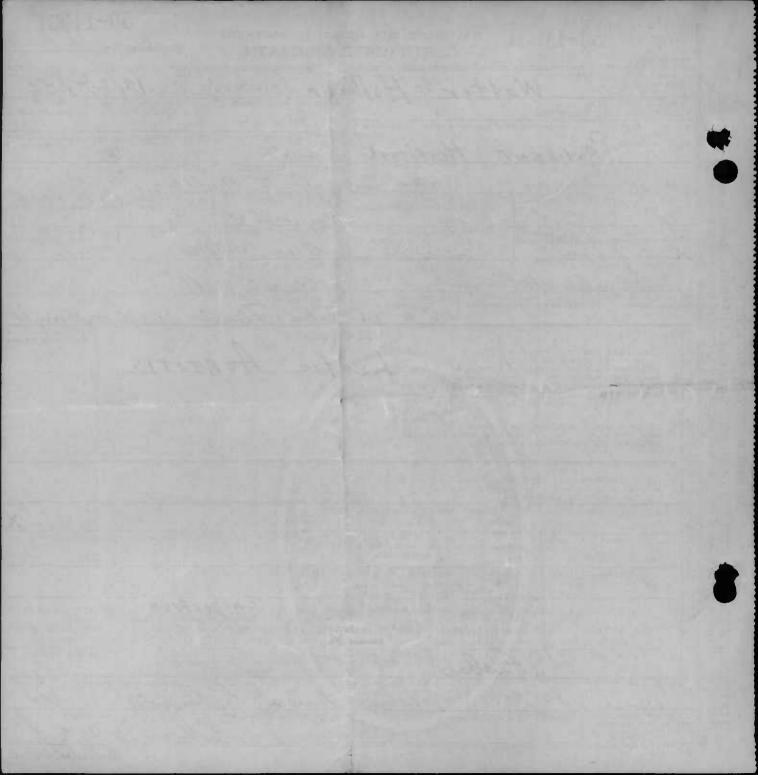
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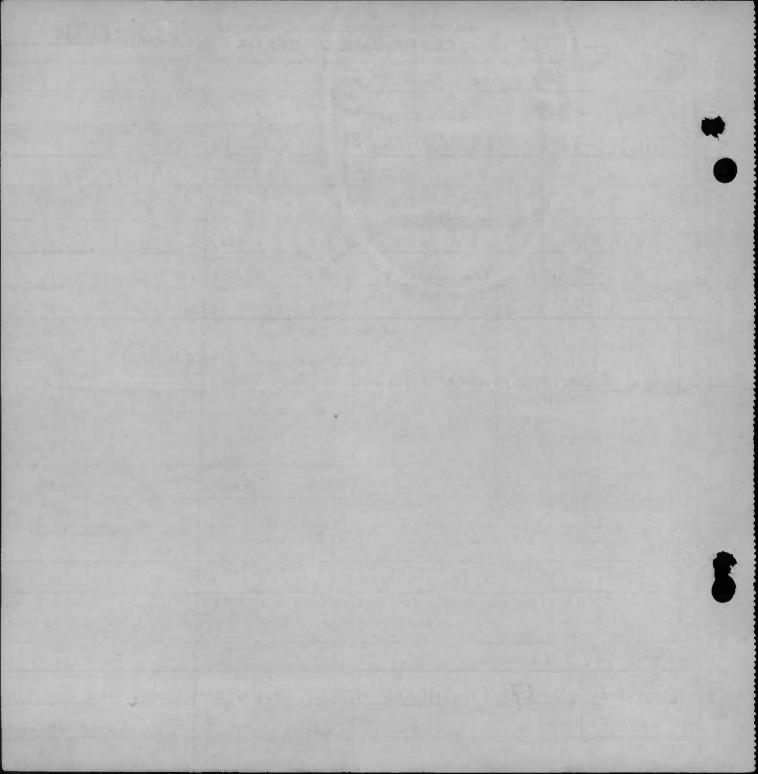
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	EASE WRITE PI	rect age is especially miportant.
	P	00

	11-256 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	L032
	NAME OF DECEASED Frederick Nassner 2. DATE OF DEC.	24,1900
	. PLACE OF DEATH: . Baltimore City, Maryland B. COUNTY ### ### ### ### ####################	itution: residence before admission)
	OSPITAL OR NSTITUTION HOPKIUS HOSPITAL (DOA) C. CITY OR TOWN (If outside corporate limits, w. BALTIMORE 2	rite RURAL and give
Sinis	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 1700 E. PRATT	ST.
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years last birthday) Months FEB, 2, 1895 5 5 4	T Year If Under 24 Hours Days Hours Min.
W	LABORER SHIP CLEANING CO. BALTIMORE, MD,	WHAT COUNTRY
dan	FREDERICK NASSNER BERNARDINE DAH	M
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, ap or unknown) (If yes, give war or dates of service) YES MEXICAN BORDER. 16. SOCIAL SECURITY NO. MRS. HENRY WOLF 2902 DI	
	18.002x and 148x CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	Zyts.
	ANTECEDENT CAUSES	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
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	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	2415.
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?)	exact Iocation)
N. M.	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
	Autopsy, Inspection or Inquiry	hereon and from
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the d and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide □, unde	termined [].
	Con. H. / ammy . ASSISTANT MEDICAL EXAMINER	C. 21, 1910
	44. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or con, removal (Specify) 3 SACRED HEART CEN 4701 GERMAN +114	ounty) (State)
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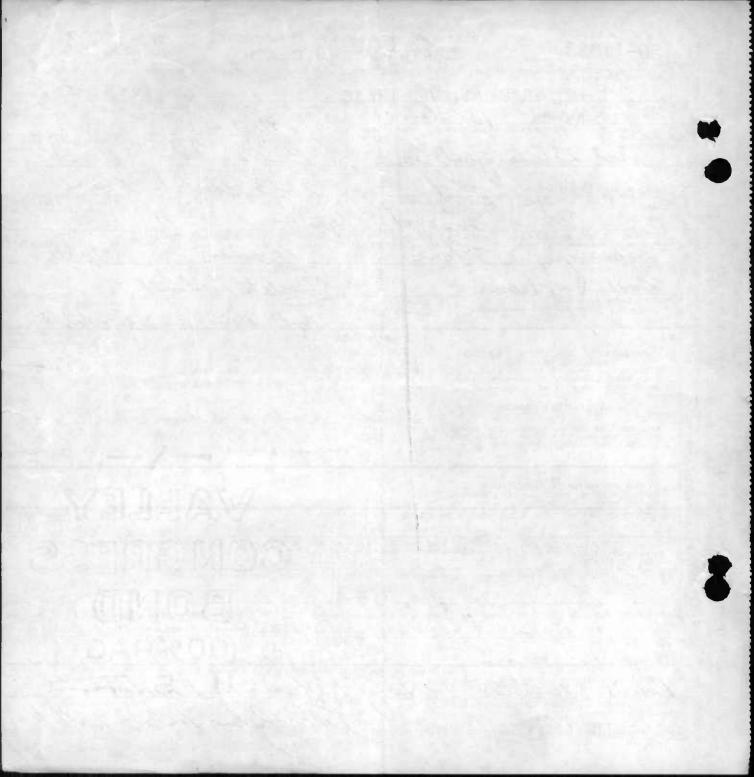


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BIRTH NO	TTOO	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11033 Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	2. DATE OF 12 - 2 - 5 - 5		
3. PLACE OF DEATH:	OF DEATH /2-23-50 4. USUAL RESIDENCE (Where deceased lived, If institution; residence		
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location			
INSTITUTION 2623 Chestarfeeld (4)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
	Ballo ne 8-01		
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2623 Photostaled a		
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE (in years ff Under 1 Year ff Under 24 Hours Index birthday) Months: Days Hours Min.		
7. WIDOWED, DIVORCED (Specify	Cosil 17- lest birthday) Months: Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
Housewit - Hone.	German WHAT COUNTRY?		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
michael Scheiser	Cleraleto Pollmuth -		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
N. Jessey	Dh. B. Win. 26 23 Otole lold G.		
18. 420.1 , CAUSE	OF DEATH		
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH		
(This does not mean the mode of dying, e.g., (A)	many Occhision 5 hours		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES	in-Varenter Herresternia Diene 4 mans		
O DISEASES OR CONDITIONS, IF ANY, GIVING			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	deine Consid		
<u>U</u>			
H H			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER			
21A. ACCIDENT WAS LINDER. 21B. PLACE OF INJURY (e.g.,	in nr 21c. WHERE DID (If in Baltimore City, give exact location)		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING blothome, farm, factory, street, nffice bldg.			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS	RED 21F. HOW DID INJURY OCCUR?		
m. WHILE AT NOT WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from January, 1947, to Secondar 23, 1952, that I last saw the			
	rred a 11:25 R.m., from the causes and on the date stated above.		
	23B. ADDRESS 23C. DATE SIGNED		
Michael J. Drusch M.D.	4636 Belin Road 12/23/50		
24A. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETE	ERY ON CREMATORY 24D. LOCATION (City, town, or county) / (State)		
Durial 12-28-50 Noles	Kedama Ballena		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS		
DECOCIOEO Mandie don Millianis Mil	Lelle + Shu- HO31 Walson		
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REGISTRAR'S SIGNATURE

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TION REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

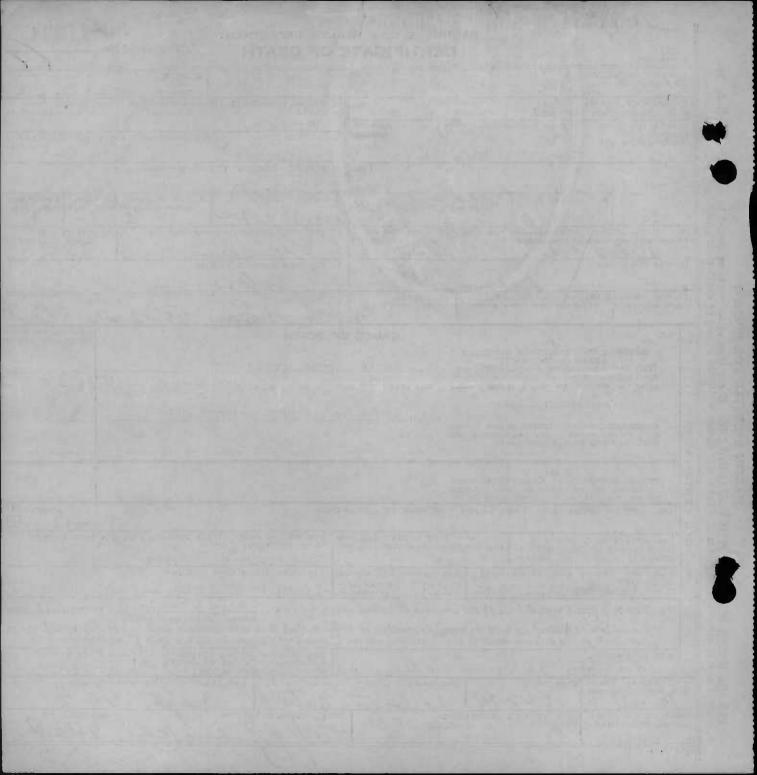
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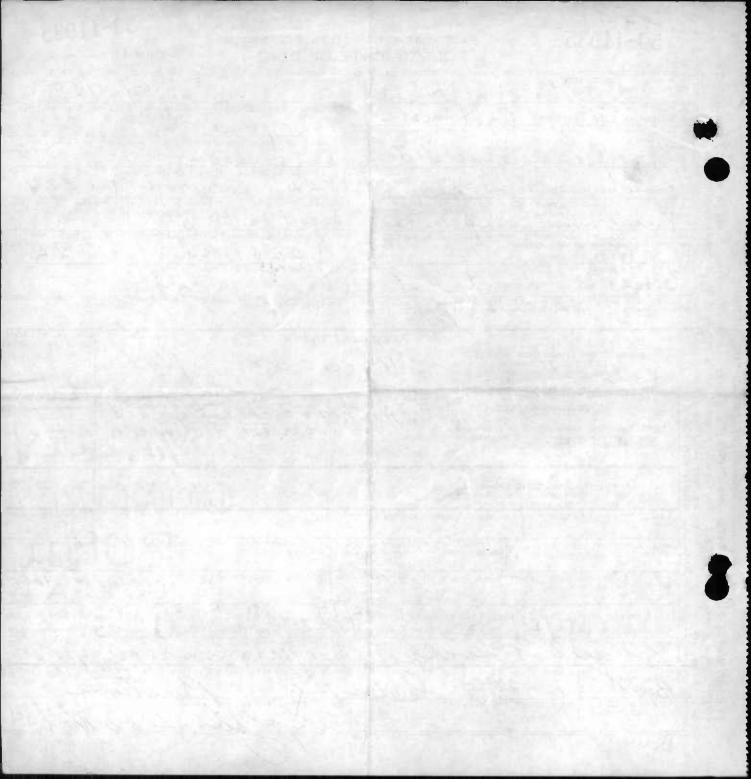
before admission)

Registered No

December 21

(If rural, give location) Charles Street 9. AGE (In years I Under 1 Year I Under 24 Hours last birthday) Months Days Hours Min. FIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? **ADDRESS** INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY NO (If in Baltimore City, give exact location) N. Charles Street Ingestion of alcohol and barbiturates Autopsy, Inspection or Inquiry 23B. CHIEF MEDICAL EXAMINER..... 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) a 25. FUNERAL DIRECTOR ADDRESS





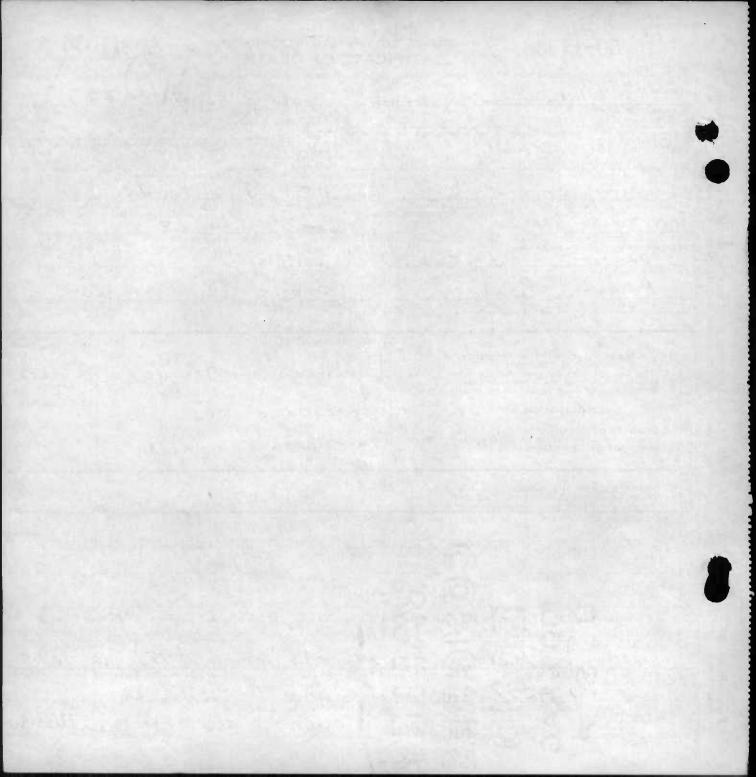
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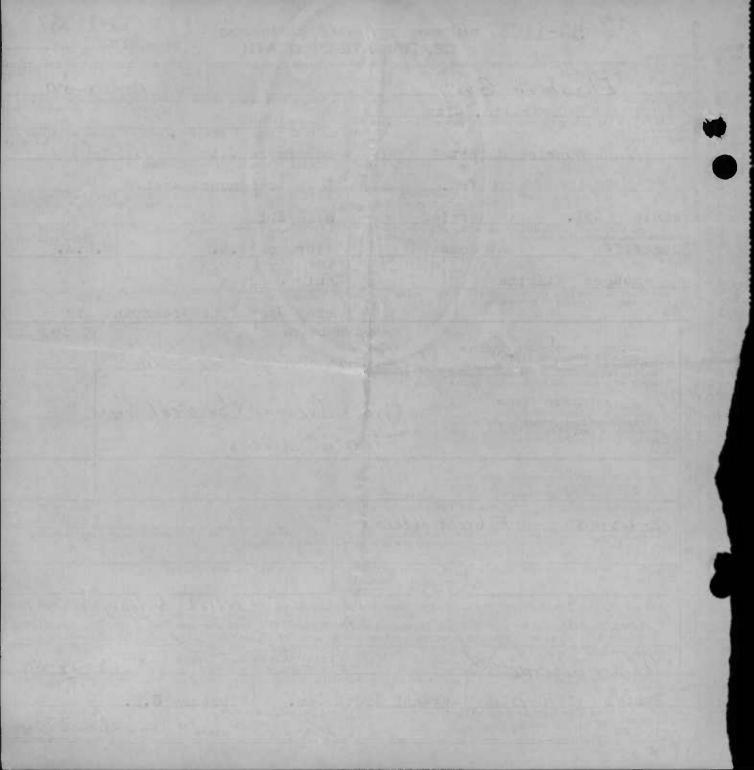
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1.	Type or Print) William Andrew Bond.		OF DEC 22, 195	7	
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If institution: reside B. COUNTY before adm		
	FULL NAME OF (If not in hospital or institution, give street address				
	OSPITAL OR 1153 Carrell ton Que location	c. CITY OR TOWN (If	outside corporate limits, write RURAL a		
0	1	Balting and	/6-0/ tov	wnship)	
1	A A Yrs.	D. STREET ADDRESS (If	rural, give location)		
	() ~ // a Mos	11-3 0 114 0			
	Length of stay in Baltimore Day:				
5	SEX 6.COLOR OR RACE 7. SINGKE, MARRIED) WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (in years ff Under Yest ff Under last birthday) Months Days Hours	24 Hours	
	a. Estares	S. 101 19-82	as of cliday) Months Days Hours	249 2111.	
10	DA. USUAL OCCUPATION (Give kind of 10B. KIND, OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF	-	
wor	k done during most of working life, even if retired) INDUSTR	YPI	WHAT COU	NTRY?	
-	Waiter Un Teneral	Daltomore	4.5.9		
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME		
	Andrew Bond	Sabbie	2 Ch. 1 2		
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL		· Campers		
(Ye	se, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS		
_	10	witer son			
	18. 141 X , CAUSE	OF DEATH	INTERVAL BE		
	DISEASE OR CONDITION DIRECTLY		ONSET AND	DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)		1.		
	heart failure, asthenia, etc. It means the disease,	reinama of	ronque 5 year	Y. J.,	
	injury or complication which caused death.) DUE TO				
	ANTECEDENT CAUSES With	metastasia			
-		nelastasis as	1 0		
DISEASES OR CONDITIONS, IF ANY, GIVING				*********	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO GENERALIZED E MACIATION (C)					
U	(c)				
正					
RTIFI	OTHER SIGNIFICANT CONDITIONS CON-				
111	TRIBUTING TO THE DEATH, BUT NOT RELATED				
U	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE				
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOF		
10				NO G	
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	in or 21c. WHERE DID (I .,etc.) INJURY OCCUR?	f in Baltimore City, give exact location	n)	
Σ	CAUSE OF DEATH				
1	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?		
	m. WHILE AT NOT WHILE AT WORK AT WORK				
			Day 33 10 24.1		
	22. I hereby certify that I attended the deceased from Dedeceased alive on Dec 21, 1950, and that death occurrences.	, 1950, 10	Dec 22, 1950 that I last so		
	deceased alive on Dec 21, 1950. and that death occur	urred at 4. p.m., from the	re causes and on the date stated		
	238. ADDRESS 23C. DATE SIGNED				
	- Olya . Melle M.D.	Horkild lar wom	not 1nd 12/25/	50	
	24A. BURIAL, CREMA 24B. DATE 24C. NAME OF GEMETERY OR CREMATORY 24D. LOCATION (City, town or county) (State)				
	Burel 12-26-50 mb arbun com, Botto Mil				
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS		
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LEADING TO DEA

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DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L

OTHER SIGNIFICANT COND TRIBUTING TO THE OEATH, BUT

TO THE DISEASE OR CONDITION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year OF INJURY

22. I hereby certify that I at

deceased alive on Jud

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR EC,261950

Burial

19A. DATE OF OPERATION

ANTECEDENT CAU

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11039 BALTIMORE CITY HE CERTIFICATE		Registered No	
D		2. DATE	
Rebecca O.Fox.		OF _	E+1- 2000
The state of the s	A HELIAL DECIDENCE (W	DEATH Dec. 2	5th.1950.
aryland Esplanade Aprt. If not in hospital or institution, give street address or	4. USUAL RESIDENCE (W. A. STATE Md.	*City Bal	hafana adminaiam)
location)	Bollo	outside corporate limits,	write RURAL and give township)
Yrs. Mos.	O. STREET ADDRESS (If r	ural, give location)	
Baltimore <u>Lifetime</u> . Days	Capit	anade No	V
OR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mont	der I Year If Under 24 Hours hs Days Hours Min.
	Aug.14.1877	73 4	11
ON (Givekindof ife, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY?
	14. MOTHER'S MAIDEN NA	ME	
Oppenheimer	Honnoh		
IN U. S. ARMED FORCES? 16. SOCIAL	Hannah -		
give war or dates of service) SECURITY NO.	17. INFORMANT		DRESS
	Louis Fox E	splanade Ap	rt.
ng TO DEATH an the mode of dying, e.g., nia, etc. It means the disease, ation which caused death.) EDENT CAUSES NDITIONS, IF ANY, GIVING TE CAUSE (A) STATING THE DNDITION LAST. (C)	nime of the B	adler	74s
II CANT CONDITIONS CON- COEATH, BUT NOT RELATED OR CONDITION CAUSING IT.			
ATION 198. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
			YES NO
AS UNDER- RIBUTING 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If	in Baltimore City, giv	e exact location)
(Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
m. WHILE AT NOT WHILE			
y that I attended the deceased from	red at 3:32 m., from th	e causes and on the	that I last saw the date stated above.
Mr Inhamir M.O.	See ADDRESS MALL	15.	1223 SD
24B. DATE 24C. NAME OF CEMETER	TY OR CREMATORY 240 LO	CATION (City, town, or	county) (State)
Dec.27th50 Balto Hebr	Be 25 FUNERAL DIRECTOR	lair Road	
REGISTRAR'S SIGNATURE	ZDATUNERAL MIKECTOR	A	DDRESS

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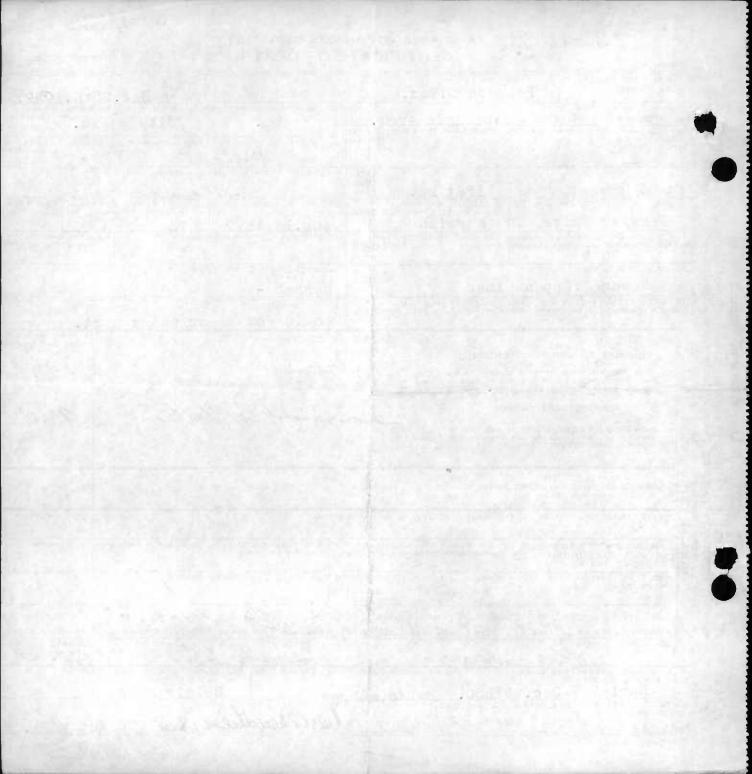
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ADDRESS Jave Scralgo Eutaw Pl.



BI	H-53	0-1103	B BAL		HEALTH DEPART		50- Registered No	11038
1.	NAME OF DECEA	SED		11= 1-1==	. //	3 / 1/2	2. DATE	0010-
3.	PLACE OF DEATH Baltimore City,		HLH-	HENDER:		ENCE (When	re deceased lived. If in	stitution: residence before admission)
В.	FULL NAME OF OSPITAL OR	(If not in hospit		ion, give street address locatio				write RURAL and give
5	TH	E JOHNS	HOPKIN	S HOSPITA	BALTIME	PRE	7-0	5 township)
c.	Length of stay i	n Baltimore	Lik	Yrs Mos Day	CIIN	BOND	al, give location)	
5.	SEX 6.CO	LORFO	WIDOW	MARRIED, PED, DIVORCED (Speci	8. DATE OF BIRTH			der I Year hs Days Hours Min.
10 work	A. USUAL OCCUPA	TION (Give kind of	10B. KIND	F BUSINESS OR	11. BIRTHPLACE (S	State or forei	gn country) 1:	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	h Wer	ders	on 8.	14. MOTHER'S MA	IDEN NAM	F) dia	Lyles
15 (Yes	. WAS DECEASED EVE , no or duknown) (If	ER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	INS HO	ADE	DRESS
ERTIFICATION	(This does not heart failure, ast injury or comp ANTE DISEASES OR RISE TO THE AE	R CONDITION DING TO DEAT mean the mode of thenia, etc. It mea lication which of ECEDENT CAUS CONDITIONS, I BOVE CAUSE (A) CONDITION LA	FH dying, e.g. ns the diseas. saused death SES FANY, GIVING STATING THE	G OUE TO	Venta inde		y candica	(over)
CERTI	TRIBUTING TO	II FICANT CONDITION THE OBATH, BUT E OR CONDITION	NOT RELATE	D				
	19A. DATE OF OP			FINDINGS OF OP	ERATION			20. AUTOPSY?
MEDICAL	21A. ACCIDENT LYING OR COI CAUSE OF DEAT	NTRIBUTING		CE OF INJURY (e. g arm, factory, street, office bld		ID (If in	n Baltimore City, giv	e exact location)
~	21D. TIME (Mont) OF INJURY	h) (Day) (Year)		21E. INJURY OCCUP	LE	INJURY O	CCUR?	
	22. I hereby cer	tify that Latt	ended the	deceased from	12-19- ,1950	, to 12	-22-, 1950,	that I last saw the
	deceased alive o	100	, 19 50	and that death occ	urred at 12 pm., 23B. ADDRESS THE JOHNS 1			date stated above. 23c. PATE HIGNED
	A. BURIAL, CREMA	- 248. DATE	7-10	M. D.		240. LOC.		county) (State)
	ATE RECEIVED BY DCAL REGISTRAR	REGISTRAR	S SIGNATU	RE	B. FUNERAL DIR	Wilson Wilson	wn 1000 }	Buntlyan
1	VS 150			and the second				157E

Not to be copied on transcript:

Dr. Silverman, (TB Director) called Hopkins and spoke to the doctor who had this baby. He related infant was half-dead when brought in and autopsy was later refused. From indications observed it was malformation of heart—exactly what—?

ES 1/16/1951

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No.			
1. NAME OF DECEASED			2. DATE			
(Type or Print) Andre	w Huber		DEATH I2-23			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or in hospita	institution, give street address or	4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived. If ins B. COUNTY City	titution : residence before admission)		
HOSPITAL OR I437 Holbrook		c. CITY OR TOWN Baltimore	(If outside corporate limits, v	vrite RURAL and give township)		
c. Length of stay in Baltimore	50 Yrs. Mos. Days	D. STREET ADDRESS				
5. SEX 6. COLOR OR RACE 7. S	SINGLE, MARRIED. VIDOWED DIVORCED (Specify) I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8. DATE OF BIRTH April 3rd.1887	9. AGE (In years Humber Month	der I Year ns Days Hours Min.		
work done during most of working life aven if retired)	REAL COMPANY	11. BIRTHPLACE (State of Baltimore Cour		U.S.A.		
13. FATHER'S NAME Frederick Huber		14. MOTHER'S MAIDEN Margaret Wimb				
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of set None	rvice) 16. SOCIAL SECURITY NO. 212-05-7632	17. INFORMANT	.Huber-I437 Holb	rook St.		
118. 4 2 7 1		OF DEATH	Balto:Md	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which caused	ing. e. g., (A) Coc.	many Jhr	omboss)	16 mes		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANTERISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT		en soluti	, C-V dissare	5 years		
OTHER SIGNIFICANT CONDITION		1	. \			
TO THE DISEASE OR CONDITION CAL		ATION	levelous)	20. AUTOPSY? /		
AL AL		1		YES NO V		
П HOMICIDE (Specify) abo	1B. PLACE OF INJURY (e. g., in ut home, farm, factory, street, office bidg., e		(If in Baltimore City, giv	e exact location)		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from deceased alive on Dec. 23, 1950, and that death occurred at 10°A.m., from the causes and on the date stated at						
23a. SIGNATURE Www. H. Gren	m. D. 1	38. ADDRESS 510 6.33	rd St.	23c. DATE SIGNED 12.2 + 50		
24A. BURIAL CREMA- TION REMOVAL (Specify) Burial I2-27-50	Most Holy Rede	RY OR CREMATORY 240	LOCATION (City, town, or Balto			
DATE RECEIVED BY REGISTRAR'S SI	GNATURE	George J.Ruth	IncI735 Harfo	rd Avenue		
BEU / 6 150	7703	A		13B		

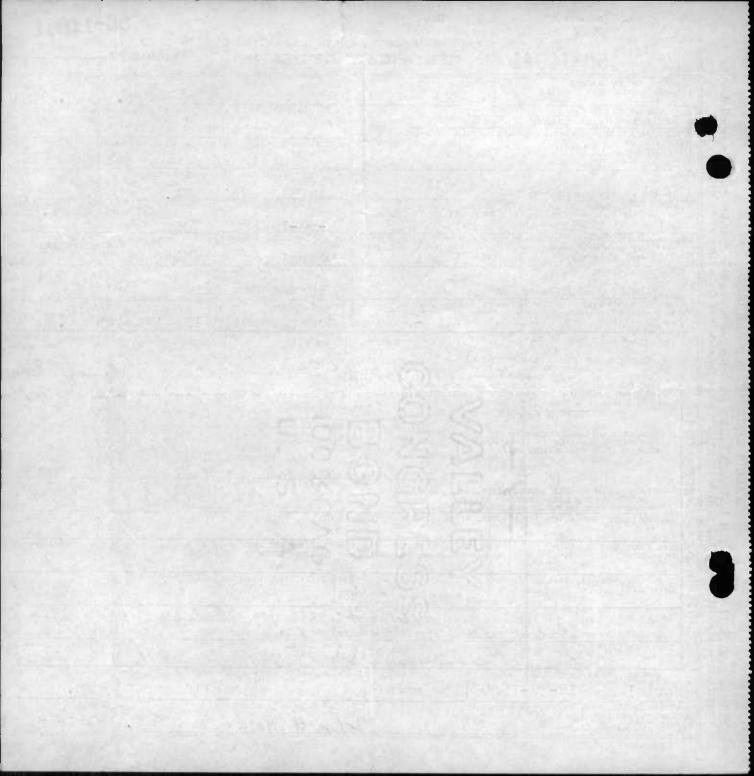
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BALTIMORE CITY HEALTH DEPARTMENT

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	BIRTH NO. 50-11041 CERTIFICATE	OF DEATH Registered No.						
	1. NAME OF DECEASED (Type or Print) Joseph A. Lost	2. DATE OF DEATH Dec. 24th. 1950						
	3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 1313 Aisquith St. Yrs.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give baltimore form) D. STREET ADDRESS (If rural, give location)						
	c. Length of stay in Baltimore 1110 Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	1313 Aisquith St. 8. DATE OF BIRTH 19. AGE (In years) If Under 1 Year If Under 24 Hours						
	_Nale White harried	9-28-1865 (ast birthday) Months Days Hours Min.						
	10A. USUAL OCCUPATION (Givekindof work done during most of working life, even if retired) Retired Clerk 10B. KIND OF BUSINESS OR INDUSTRY Steel mill	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Conrad Most	14. MOTHER'S MAIDEN NAME Martha Rawling						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
	no -	Joseph Most 1313 Aisquith St.						
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	v Cardia Junipieure 2 de						
	U TO THE DISEASE OR CONDITION CAUSING IT.							
	19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPER	YES NO V						
	V 21a. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., e							
	2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E, INJURY OCCURRED OF INJURY MHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?						
7	deceased alive on see 23, 193 U, and that death occur	22. I hereby certify that I attended the deceased from alle 22, 1952, to alle 24, 1952, that I last saw the deceased alive on all 23, 1952, and that death occurred at / Am., from the causes and on the date stated above, 23A. SIGNATURE						
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	1858 Harfard 1 12-26-52						
	Furial 12-27-1950 LowdenPark	Baltimore Md.						
	DATE RECEIVED BY REGISTRAR'S SIGNATURE DEC 261950	25. FUNERAL DIRECTOR ADDRESS FAM A. Moran 3000 E. Paltimore S						
	VS 150	93E						

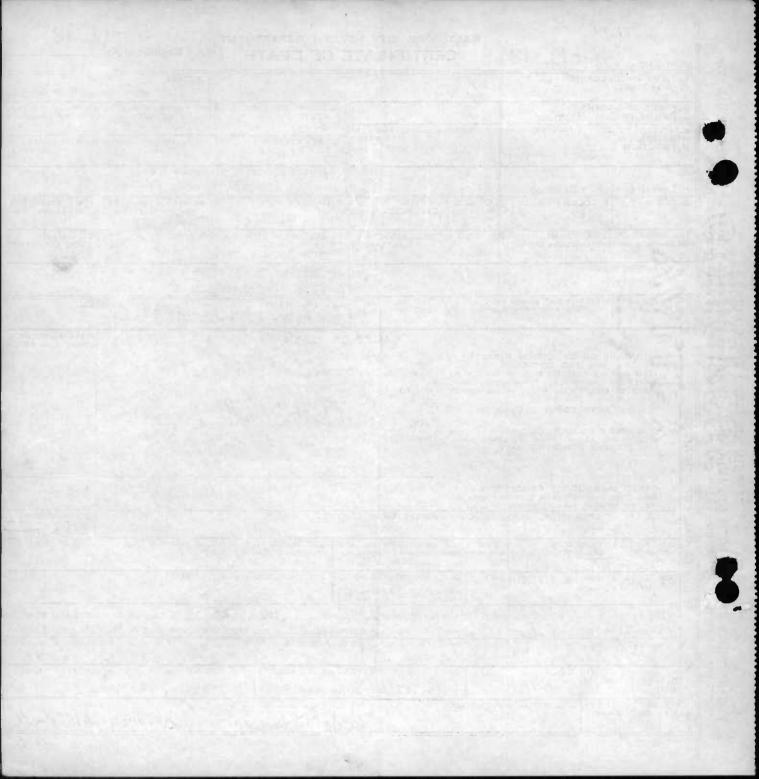


В	4-1	00 50-11042		TIMORE CITY HE			50 Registered	-1104 No	12
1.	NAME OF D Type or Print)	ECEASED Car	1 10	1100			2. DATE OF 2.5	De-	57)
Α.		EATH: City, Maryland	/	7	4. USUAL RESIDI	ENCE (W	DEATH nere deceased lived. B. COUNTY		: residence ore admission
H	FULL NAME OSPITAL OR ISTITUTION	Sinai Hospi		ion, give street address or location)	c. CITY OR TOWN Baltimore	(lf o	utside corporate lin	nits, write RU	RAL and giv township
C	Length of s	tay in Baltimore	40 yrs.	Yrs. Mos. Days	5759 Jone				
	sex	6. COLOR OR RACE white		MARRIED, ED DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years to birthday)	H Under 1 Year Jonths Days	Hours Mir
WOX	k done doring most o	CUPATION (Givekindor f working life even if retired) Material	Junk	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or for		12. CITIZ WHA USA	T COUNTRY
		iel -evy			14. MOTHER'S MA	chenba			
(Ye	5. WAS DECEASE 16. no or naknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Rae Levy- 5	739 J o		ADDRESS UE	
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				scereta H	Infa lat	retim Disease.	ONSET	F AND DEAT
CERTIF	TRIBUTING TO THE DEATH, BUT NOT RELATED							•••••	
1	19A. DATE O	F OPERATION	19в. MAJOR	FINDINGS OF OPER		47.6		YES	AUTOPSY7
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21C. WHERE DID (If in Baltimore City, give blooms, farm, factory, street, office bidg., etc.)					, give exact	location)			
	OF INJURY	Month) (Day) (Year		WHILE AT NOT WHILE WORK AT WORK					
	22. I hereb deceased al	ive on 25, Dy		deceased from 25 and that death occur			e causes and on	the date s	
TI	4A. BURIAL. C ON REMOVAL (S Burial	12/27/5	0	24c. NAME OF CEMETE Beth Tfiloh Vo	ongregation	Balt	cation (City, tow imore, Mary		(State,
	ATE RECEIVE		S SIGNATU	PHILIPPIN 113	25 FUNERAL DIR	ECTOR	13.	ADDRES	T 1/2 H

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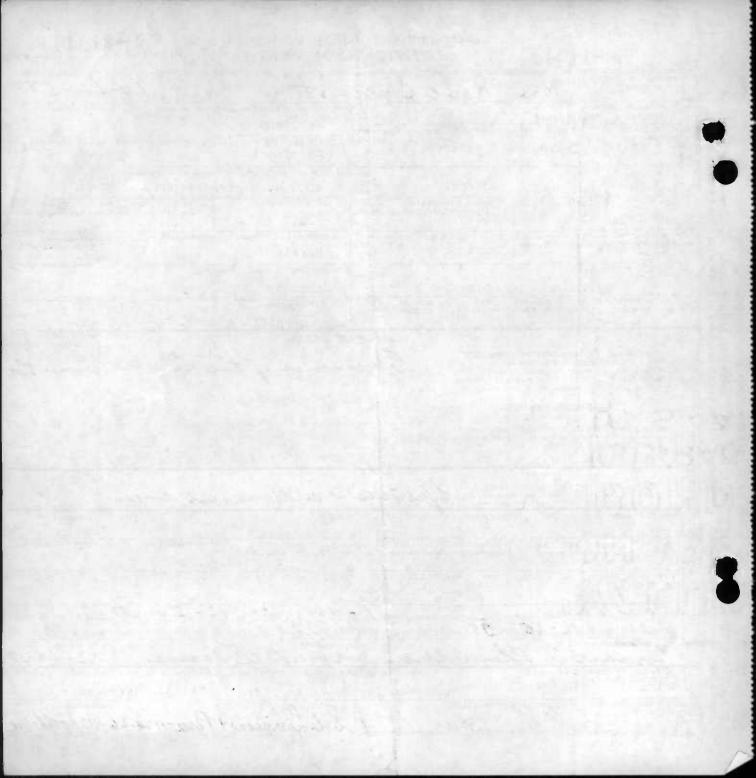
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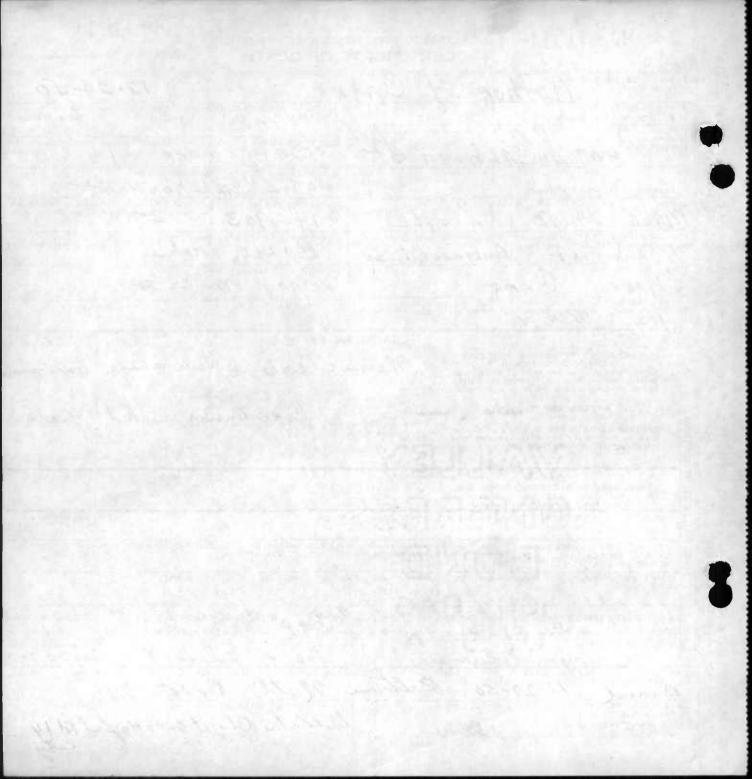
5-651 H NO. 50-11043

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11043 Registered No.

(1	NAME OF E	Mys	Ro	se Cher	noff	2. DATE OF 12	-26-57.
A.		City, Maryland			4. USUAL RESIDENCE (f institution : residence before admission)
B.	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	tion, give street address or location)			
IN	STITUTION	Levindal	e Aged		c. CITY OR TOWN (I baltimore	f outside corporate lim	its, write BURAL and give township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	Length of	stay in Baltimore	49 yr	S. Mos. Days	4009 N. Roger	s Avenue	
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours Onths; Days Hours Min.
	female	white	Widow	VED, DIVORCED (Specify)	1877	73	tonths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
WOII	housew	of working life, even if retired)	own	home INDUSTRY	Russia		USA.
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
		??	Selen	kow	Unknown		
15	. WAS DECEAS	ED EVER IN U. S. ARME	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Ye	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Max Cherniff- 40		
	18. 15%	1		CALICE	OF DEATH	O3 N. Mogers	INTERVAL BETWEEN
	100	1/		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEAT		GOBLA.	inoma of the	o line	, 5. 4
		s not mean the mode oure, asthenia, etc. It mea		B., (A)	owna og oa	e arec	men aus
Y		complication which					
		ANTECEDENT CAUS	ES				
z				(B)		***************************************	
TION		S OR CONDITIONS, IN THE ABOVE CAUSE (A)					
A		YING CONDITION LA		(C)			
FIC							
RTIFICA	OTHER	II SIGNIFICANT CONDI	TIONE CO.	10			
ER	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	EDOUBLATIONS	ire cardio-vas	ent dises	00
O		OF OPERATION 1		FINDINGS OF OPER			20. AUTOPSY?
AL	JOA. DATE	SI GIERATION D	38. MAJON	. THE HOS OF OFER	ATTON		YES NO
EDICAL	21A. ACCIE	DENT WAS UNDER-	218. PL.	ACE OF INJURY (e.g., i	B or 21c. WHERE DID	If in Baltimore City,	
ED		R CONTRIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ		(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY	(, (, (,	(11011)	WHILE AT NOT WHILE			
			m.	WORK AT WORK		10 0/	And a
1	22. I herel	ny certify that I att	ended the	deceased from	- 16, 1948, to 1	4-26,190	, that I last saw the
	deceased a	live on 14-46	_, 197	and that death occur	rred at W = W.m., from	the eauscs and on	the date stated above.
	234 SIGNA	me 2. 1	Hum	1	Le & udale	lome	12-26-50
24	N. REMOVAL	CREMA- 246. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)
T	Burial	12/27/50	0	Knesseth Isra	el-Anshe Sfard	Balto., Ma	ryland
	ATE RECEIVE		SSIGNATI		25 FUNERAL DIRECTOR	0	ADDRESS
1	EC 2619	50 1 rate	Jon 1	Misure 11.00	DOL. glimson 7	1212-1124-2	-6 W. hooth One
1	VS 150		60				11 -





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BALTIMORE CITY HEALTH DEPARTMENT

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The	ВІ	RTH NO.		CE	RTIFICATI	E OF DEATH	Registere	d No.
		NAME OF D 'ype or Print)	eceased von RINTEL	N * AUGUST	Α.		2. DATE OF DEATH De	c. 25, 1950
plied.	A.		EATH: City, Maryland 3	25 Broadmo	or Rd.	4. USUAL RESIDENCE A. STATE Md.		If institution; residence
illy .	HC	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution, g	ive street address or location)		(If outside corporate li	mits, write RURAL and give
eglas	-	Length of s	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (
ld be		SEX M	6. COLOR OR RACE	7. SINGLE. MA WIDOWED, I Marrie	DIVORCED (Specify)	8. DATE OF BIRTH July 19, 1874	19. AGE (In years)	H Under 1 Year If Under 24 Hours Months Days Hours Min.
shou	10 work	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF VonRinteln	BUSINESS OR	II BIRTHPI ACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
mation eath c	13	Preside FATHER'S			eı	14. MOTHER'S MAIDEN Teresa Ohle	NAME	OOA
of information should be uses of death clearly and	15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES? 16	SOCIAL SECURITY NO. None	17. INFORMANT	onRinteln 12	ADDRESS 02 Windemere Ave
UNFADING INK. Every item of i Physicians: please write the causes	RTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode are, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II BIGNIFICANT COND	TH of dying, e.g., ans the disease, caused death.) SES IF ANY, GIVING STATING THE AST.	(A)	priordenoti	¿ Heart)	seare liskum
Small	L CE	TRIBUTIN TO THE D	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	IDINGS OF OPER	ATION		20. AUTOPSY?
WITH important.	EDICA	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)		OF INJURY (e. g., i		(If in Baltimore Cit	y, give exact location)
	M	210. TIME OF INJURY	(Month) (Day) (Year	WHILE			RY OCCUR?	Hamber 1
RITE PL		22. I herel deceased a	ny certify that I at live on Ture	tended the dec	red at 30 m., from	i the causes and or	that I last saw the the date stated above.	
PLEASE WRITE correct age is esp	24 TI	4A. BURIAL, ON, REMOVAL (S	CREMA- Specify) 248. DATE 12/28/5				LOCATION (City, to	wn, or county) (State)
PLEAS		Burjal ATE RECEIVE OCAL REGIST	D BY REGISTRAR	'S SIGNATURE	oly Redeemen	25. FUNERAL DIRECTO	elto. Md. R Sues Y	ADDRESS
	1	261950 VS 150	Thomas Park II	13 12 1 12 CW	Cream I	g. yeer	W.	MAP Re.

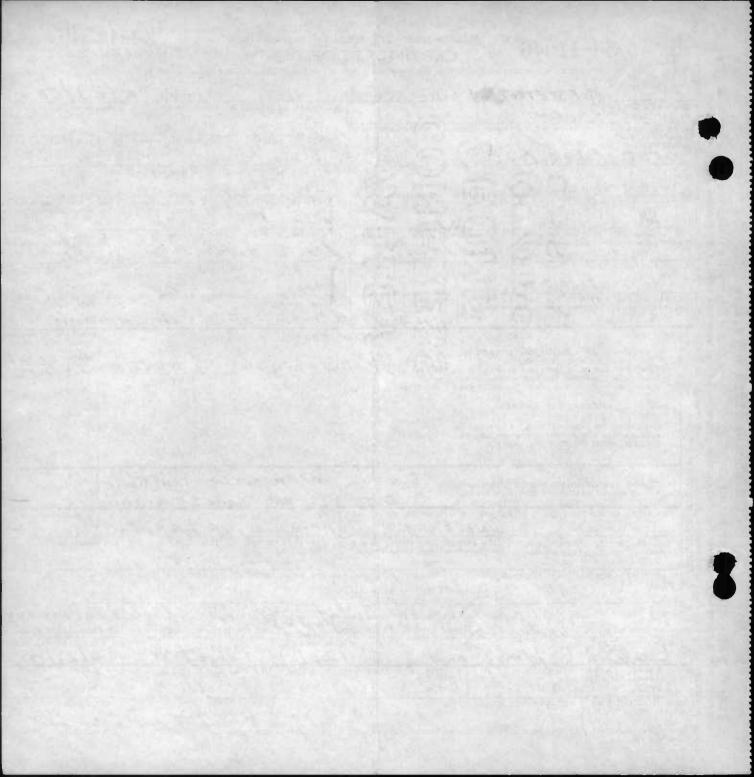
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	4-1	23					44040
	3 11	50-11046	BA		EALTH DEPARTMENT E OF DEATH	Registered	-11046
В	IRTH NO.			02/(1/1/10/(1	E OF BEATT		
(7	NAME OF Type or Prin	HOF STET	TER L	ovis		2. DATE. OF DEATH /	2/23/50
	Baltimore	e City, Maryland			4. USUAL RESIDENCE (If institution; residence before admission)
H	FULL NAM OSPITAL O NSTITUTION	R	pital or institu	ntion, give street address or location)		f outside corporate lir	nits, write RURAL and give
7	508	PARK	VE.		BALTO. ND	11	- 0~3 township)
C.	Length of	f stay in Baltimore		Yrs. Mos. Days	508 PARIX A		
5	SEX	6. COLOR OR RAC	7. SINGL	E, MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	Months Days Hours Min.
1C	CLERK	OCCUPATION (Give kine oct of working life, even if retir	ed)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S	SNAME	1/10/	1000000			0-5.A
	PHILIP	HOFSTETTER			14. MOTHER'S MAIDEN N	AME	
15 (Ye	5. WAS DECE	ASED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
,	No	(== 500, 8==0 , a== 0, a==	and of scivice,	SECURITY NO. 2/3-/2 . 36 42	MR. PHILIP L. HOFSTET	TER 5609 No	RNOOD AVE
ICATION	(This d heart fa injury DISEAS	CASE OR CONDITION LEADING TO DE oes not mean the mod citure, asthenia, etc. It m or complication which ANTECEDENT CA SES OR CONDITIONS OF THE ABOVE CAUSE (CAUSE (C	EATH of dying, e. ceans the disea caused deat USES , IF ANY, GIVI A) STATING T	g., (A)	OF DEATH CINOMA DF	LARYN	INTERVAL BETWEEN ONSET AND DEATH AT LEAST
CERTIF	TRIBUTI	SIGNIFICANT CON NG TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELAT	ED BUT	T APPARENTL	Y CONTRIB	
AL	19A. DATE	OF OPERATION		PERABLE (ARCINOMA O	= LARYN	20. AUTOPSY?
IEDICA	LYING	CIDENT WAS UNDER. OR CONTRIBUTING DESCRIPTION 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) OF DEATH 218. PLACE OF INJURY (e.g., in or labout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
~	21D. TIME OF INJUR	(Month) (Day) (Yes	ar) (Hour) m.	21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		Y OCCUR?	
	22. I her deceased	eby certify that I a alive on sec. 2		and that death occur	1950, to m., from t		52, that I last saw the the date stated above. 23C. DATE SIGNED
	4A. BURIAL		my	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	(N, or econty) (State)

NEW CATHEDRAL CEM BALTO. MD 12.26.56 BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

LOCAL REGISTRAR J. Tickner Son North . Por are DIJJU VS 150



11			NIS-				
		EALTH DEPARTMENT X 50-11	047				
В	CERTIFICATE OF DEATH Registered No.						
1. (T	1. NAME OF DECEASED (Type or Print) Sara Graham 2. DATE OF DEATH Dec. 25,1950						
3.	PLACE OF DEATH: Sara Graham PLACE OF DEATH:	DEATH JEAN 4. USUAL RESIDENCE (Where deceased lived, If ins					
Α.	A. Baltimore City, Maryland before admission before admis						
H	SSPITAL OR (If not in nospital or institution, give street address or location) STITUTION	c. CITY OR TOWN (If outside corporate limits, v	vrite RURAL and give				
	Union Memorial Hospital	Riderwood	township)				
4	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	00				
	Length of stay in Baltimore 7 Days SEX 6.COLOR of RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years)	let Year If Under 24 Hours				
	Emale white WIDOWED, DIVORCED (Specify)	oct. 1,1864 S6					
10 worl	A. USUAL OCCUPATION (Givekind of a doee during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF				
13	FATHER'S NAME	New York 14. MOTHER'S MAIDEN NAME	USA				
	Mr. James Avery	Mary Scott					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS							
	No	Mrs. Richard Tome Ride	nd.				
		OF DEATH	INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	+ :					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ture and Arterio -	6 years				
	ANTECEDENT CAUSES	and the second					
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING		• • • • • • • • • • • • • • • • • • • •				
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		Little				
O.	(C)						
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-						
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?				
DICAL	Late Black of Mulby /	Loto William Diagram	YES NO				
MEDI	21a. ACCIDENT WAS UNDER. LY!NG OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e		e exact location)				
	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?					
	22. I hereby certify that I attended the deceased from 10	ex: 19 1950 to Dec 45 1950+	hat I last sam the				
	deceased alive on Dec - 25, 1950 and that death occur	red at 1245 m., from the causes and on the	date stated above.				
	234 SIGNATINE	25 ADDDESOLL MALE AND					

Sothat I last saw the the date stated above.

23c. DATE SIGNED

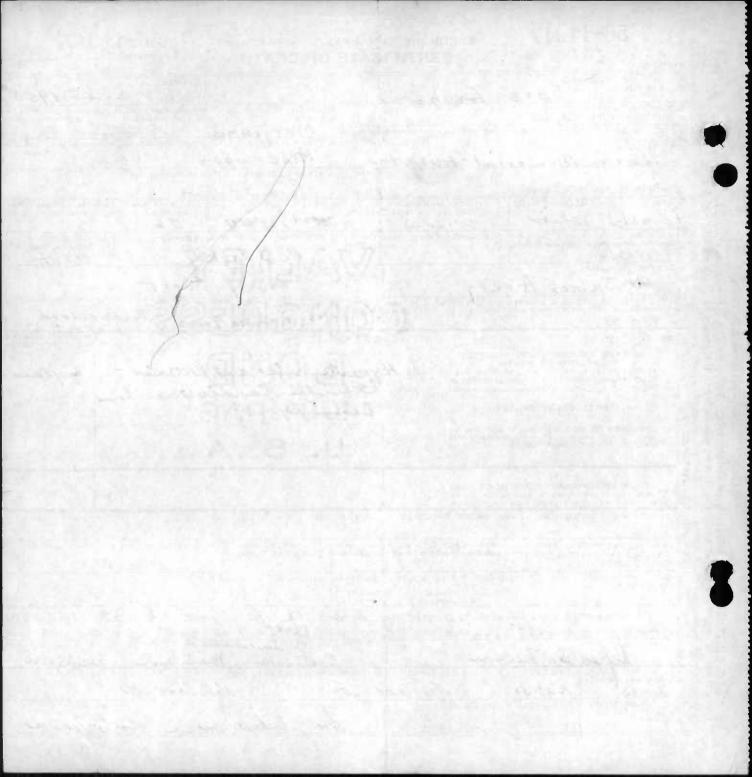
24A. BURIAL, GREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY NOODLANN CEM. BURIAL 12.27.50

245. LOCATION (City, town, or county) WOODLAWN,

REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Williams, Mes

ADDRESS

DATE RECEIVED BY



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	information	of death c
	y item of	the causes
	Ever	write
	INK.	please
	WITH UNFADING INK. Every item of information should be c	ge is especially important. Physicians: please write the causes of death clearly and leg.
	WITH	mportant.
7		i Ci
7	WRITE PI	especial
	VRI	18
	-	9

T-460	50-11048
PAI TIMODE CITY UE	EALTH DEPARTMENT
50-11048 CERTIFICATI	E OF DEATH Registered No
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF D
3. PLACE OF DEATH:	DEATH December 25 / 95 1 4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
Union Memorial Hospital	Baltimore 9-03
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	3714 Delverne Rd.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under I Year II Under 24 Hours I last birthday) Months; Days Hours: Min
Male White Married	June 10, 1888 62
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Buxer DEPT. STORES	Ireland Us.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Taylor	Mary Jane Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service)	Mrs Matile taylor 37148 Delpune
THE REPORT OF THE PARTY OF THE	
4001	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	the same of the
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	siming themposis 5 days
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	T' 1' 2'
DISEASES OR CONDITIONS, IF ANY, GIVING	entensue Carlinossenla Liseur Cylins
UNDERLYING CONDITION LAST.	inschoter least diene 3 years
ŬL	0
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	aguster cleving left I day
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
()	YES NO
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., I	
W CAUSE OF DEATH	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY	

12/29/50

22. I hereby certify that I attended the deceased from Dec. 21, 1950, to Dec. 25, 1950, that I last saw the deceased alive on Les. 25, 1950, and that death occurred at 115 Am., from the causes and on the date stated above. 23B. ADDRESS (min Mynnish / Spotal

24A. BURIAL, CRENA-TION, REMOVAL (Specify) 24B. DATE M. D. Baltimar 18, 24c. NAME OF CEMETERY OR CREMATORY 24D. L. DRUID RIDGE CEM

Muy link 24D. LOCATION (City, town, or county)

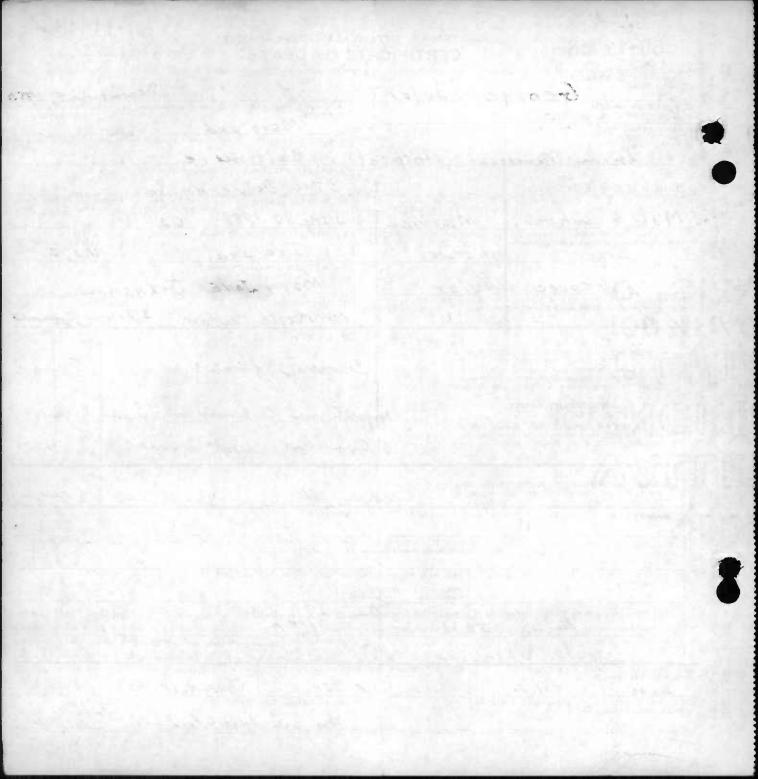
BURIAL DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Thought whom Williams Mit CEM PIKESVILLE MD. 25. FUNERAL DIRECTOR

ADDRES6

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200 60

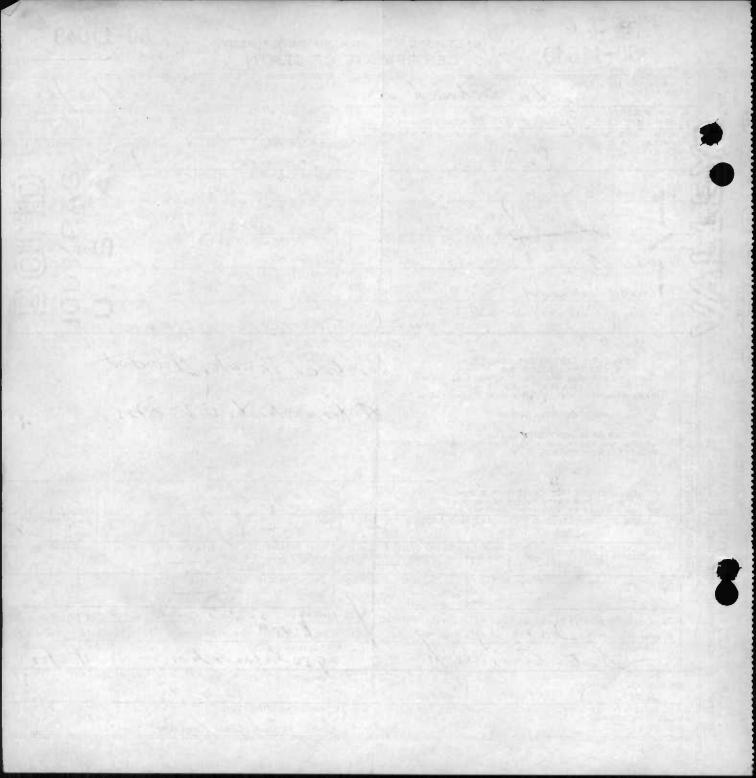


5	-20-0
	50-11049

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11049 Registered No.

				A			
1. (T	NAME OF DECEAS	John	Sch	leuch Se.		2. DATE OF DEATH	12/25/50
Α.	PLACE OF DEATH Baltimore City,	Maryland 27	57 WIN	CHESTER ST	A. STATE		d. If institution: residence Y before admission)
B.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			C. CITY OR TOWN	(If outside cornovete	limits, write RURAL and give	
IN	STITUTION				2	(II outside corporate	township)
-	0			Yrs.	D. STREET ADDRESS	(If werel give location	16-01
	T	D 111		Mos.	2757 WINCHE		")
1	Length of stay in	LOR OR RACE	7 SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (in year	rs If Under 1 Year If Under 24 Hours
	11	W/	WIDOW	ED, DIVORCED (Specify)	- 11	last birthday	Months Days Hours Min.
10	A. USUAL OCCUPA	71011/01 11 1		OWED OF BUSINESS OR	11. BIRTHPLACE (State of	84	
worl	done during most of working	g life, even if retired)	-	INDUSTRY	2	ir foreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S NAME		GROCEA	9.	BALTO. HD		
13	4 4 4	- /			14. MOTHER'S MAIDEN	NAME	
	WILLIAM S	HLEUCH			MARY:		
Ye (Ye	. WAS DECEASED EVE	R IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			NONE	JOHN EHEUCH JR	2757 WING	YESTER ST.
	18. 422.	1		CAUSE	OF DEATH	, , ,	INTERVAL BETWEEN
		CONDITION		. 17	1 11/-	.L. Xxu	dans
	(This does not r	DING TO DEA	TH of dving, e.	(e) (e)	ebral Vascu	192/1000	1531
	heart failure, ast injury or compl	henia, etc. It mea	ans the diseas	se,	No. of the last of		
				1	Yerroscherot.	.01/2	
7	ANTE	CEDENT CAU	SES	(B)	reriosciesar	(. 6 . 6)	15.
RTIFICATION	DISEASES OR			NG T	**************************************	***************************************	
AT	RISE TO THE AB			HE DUE TO			
D.							
F		11					
ER	OTHER SIGNIS						HOM DESIGN
U	19A. DATE OF OPI			FINDINGS OF OPER	ATION		20. AUTOPSY?
4	19A. DATE OF OP	ERATION	ISB. MAJOR	FINDINGS OF OPER	KATION		YES NO
EDICAL	21A. ACCIDENT, S	UICIDE.	218, PL/	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore C	ity, give exact location)
	HOMICIDE (Spe	ecify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE		-	
			m.	WORK AT WORK	anuary 1050 to	Dec >5	
	22. I hereby eer			aeceasea from			19 J, that I last saw th
	23A. SIGNATURE	n de cos		and that death ofcus	rred at 77 m., from	n the causes and	on the date stated above
	23A. SIGNATURE	7. G	Stal	e &	2950 Colin	ondon	12/25/0
2.	AA. BURIAL CREMA	248. DATE	-	M. D.	1 3 -	LOCATION (City,	town, or county) (State)
TI	AA. BURTAL, CREMA	12.28.	_	11	12	ALTO. MO	
D	SURIAL ATE RECEIVED BY	REGISTRAR		WESTERN CE	25. FUNERAL DIRECTO		ADDRESS
L	OCAL REGISTRAR	I CO.OTHAR	JOIGIANIC	017	1 0 1 1		North Pa
-	- 151050	· ····	11/25/11		MM. J. Juckne	v V Sons Inc.	4
	VS 150		6				937



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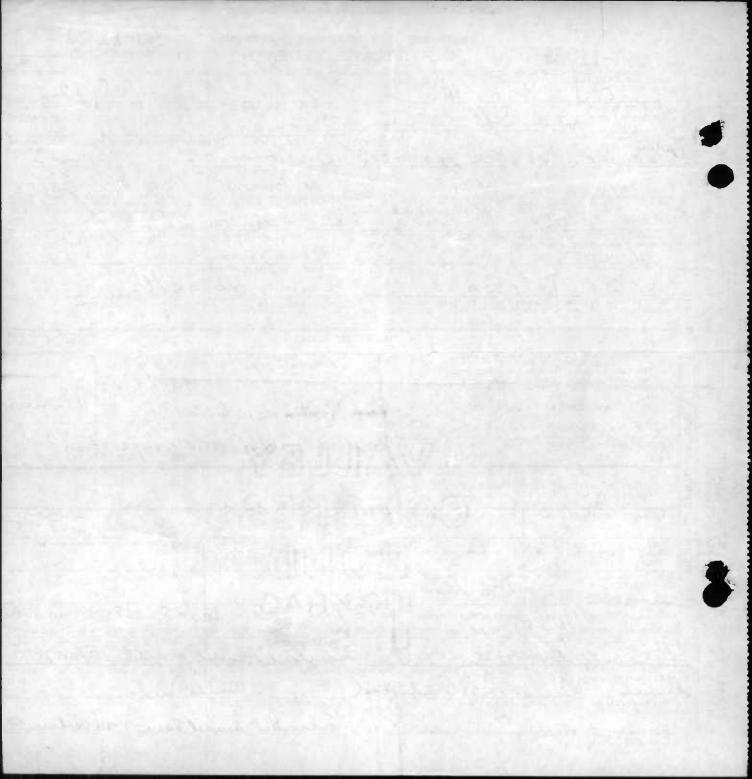
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' '		50-11050	9

BALTIMORE CITY HEALTH DEPARTMENT

egistered No	Ħ

	BIRTH NO.	E OF DEATH				
	1. NAME OF DECEASED (Type or Print) Mrs Lillian Mills	2. DATE OF 12/24/17				
	3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland				
	INSTITUTION At (Lubic) Late to	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
-	Yrs.	D. STREET ADDRESS (Igrural, give location)				
	c. Length of stay in Baltimore / Mos. Days	1723 6 llsworth St.				
	5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WHOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It linder I Year Months: Days Hours Min.				
	10A. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
	ork done during most of working life, even if retired)	Durham n.C. WHAT COUNTRY?				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
-	Smith Currengham	Nelle?				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
-	11127	Welliam Myles 1723 Ellawith ST				
		OF DEATH ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	chal Hemorheac				
	(Inis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
	ANTECEDENT CAUSES	to at k				
	(B) Appliensive and racerlar					
-11	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Draisel				
	OTHER SIGNIFICANT CONDITIONS CON-					
	OTHER SIGNIFICANT CONDITIONS CON-					
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER					
	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., it about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)				
. 11	miles and the second se	otc.) INJURY OCCUR?				
	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?				
	m. WHILE AT NOT WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from 12	124 19540 (2/24 , 1957, that I last saw the				
	deceased alive on 12/24, 1950, and that death occur					
	1 / / / Will ()	23B. ADDRE\$\$				
	24A. BURIAL, CREMA- 24B. DATE / / 24C. NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)				
	Removal (Specify) Ob. 27/50	Gollows M. Carlina				
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR . ADDRESS /				
	millate for I William I for	mo Whent a Elevel + doing liter				
	DEU 25 1950 a	1129 M. Curline ST 92)				

William Court M.D.
CHIEF OR ASS I. MEDICAL EXAMINED

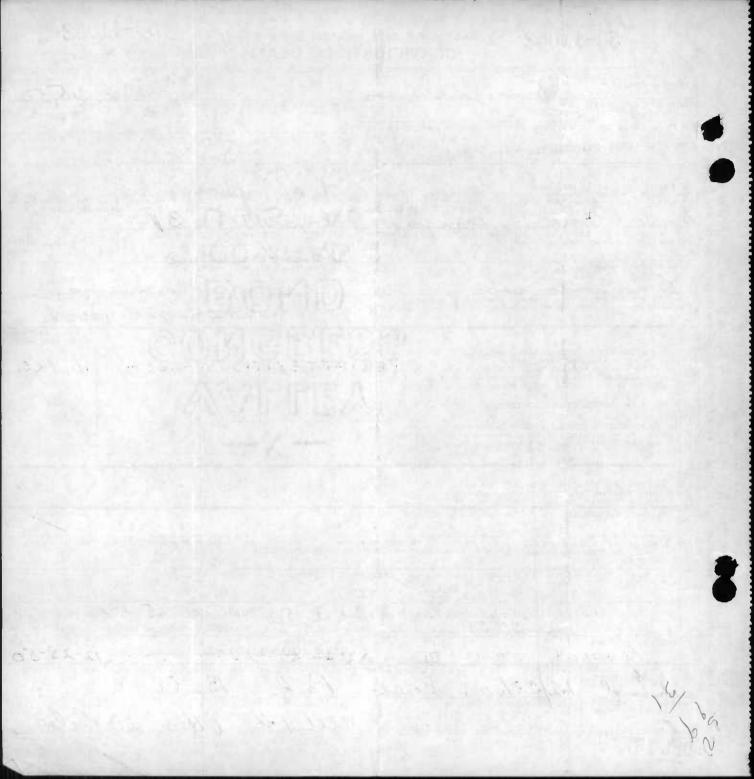


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		EALTH DEPARTMENT
_	BIRTH NO. CERTIFICAT	E OF DEATH Registered No
	1. NAME OF DECEASED (Type or Print)	2. DATE OF
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or	nd - Baltinger
6	INSTITUTIONE JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN If outside corporate limits, write RURAL and give township)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
1	hale white harried (Specify)	9-15-19 31
w	OA USUAL OCCUPATION (Give kind of prk done during most of working life, even if retired) MAGNIC ACTION (Give kind of IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	STEATHER'S NAME OO	14. MOTHER'S MAIDEN NAME
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Carolyn denkleman
C	(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (6e, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS THE JOHNS HOPKINS HOSPITAL
		OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., (A) PEC!	ARTERITIS NODOSA 10 YRS.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	
NOIT	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
1	UNDERLYING CONDITION LAST.	
CPTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	
1110	TO THE DISEASE OR CONDITION CAUSING IT.	
I	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
FDICAL	CALISE OF DEATH	n or 21c. WHERE DID (If in Baltimore City, give exact location) otc.)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY	
	m. WHILE AT NOT WHILE AT WORK	
	deceased alive on 10 2000. and that death occur	red at 8 m., from the causes and on the date stated above.
		3B. ADDRESS THE JOHNS HOPKINS HOSPITAL 12-25-35
T	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify) 12/28/50 Loudon	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
1	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS WILL & Frank Home 2004 Colon
	EC 2 6 1950	411 99

54444



Registered No

(Where deceased lived. If institution: residence B. COUNTY before admission)

(If outside corporate limits, write RURAL and give township)

(If rural, give location)

If Under 1 Year AGE (In years last birthday) | Months: Days | Hours: Min.

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

DNSET AND DEATH

20. AUTOPSY? (If in Baltimore City, give exact location)

thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23C. DATE SIGNED

240. LOCATION (City, town, or county)

ADDRESS

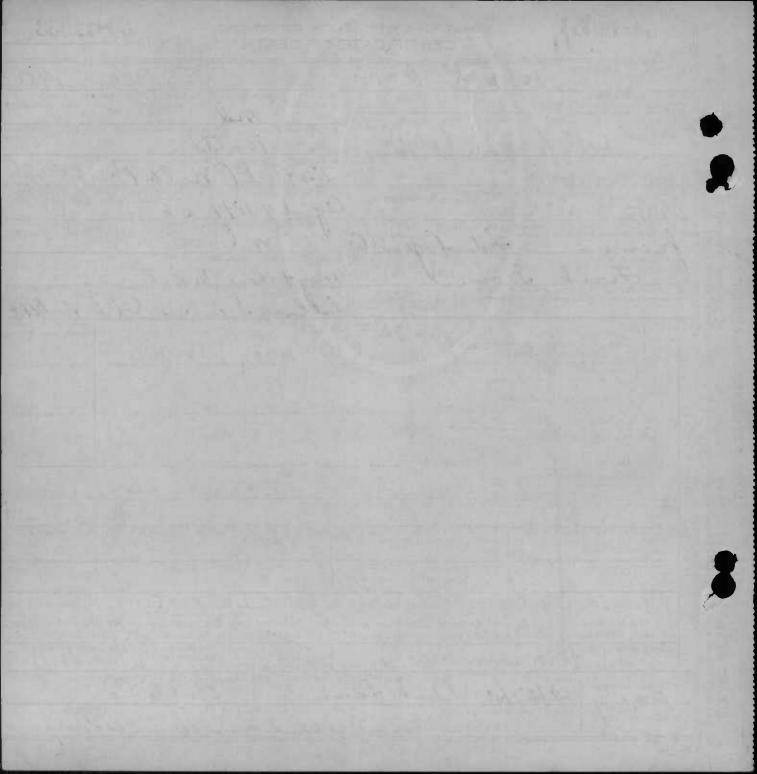
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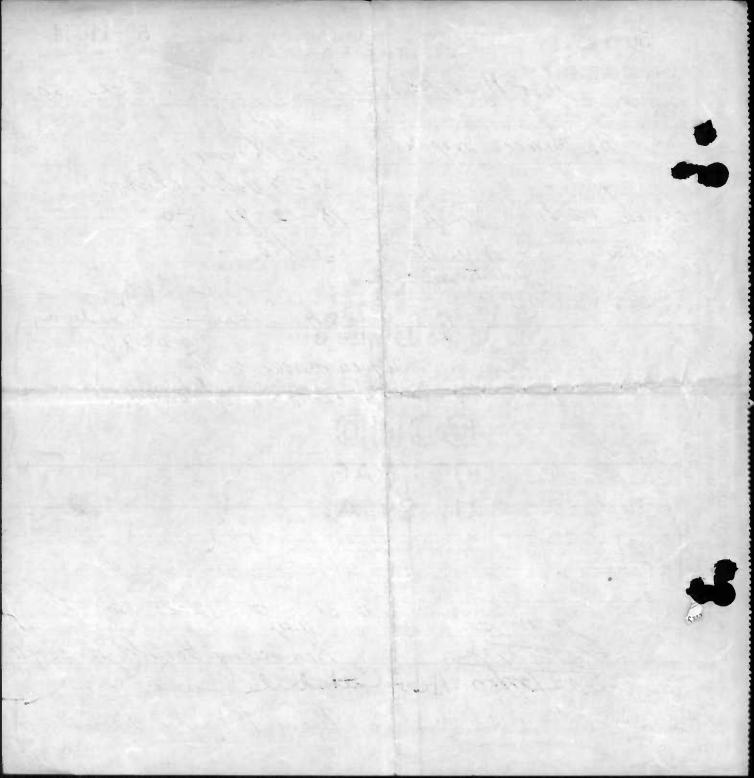
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5-630
BIRTH NO.
1. NAME OF DECEAS (Type or Print)
3. PLACE OF DEATH: A. Baltimore City, I
B. FULL NAME OF HOSPITAL OR INSTITUTION
 The Don

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50-1	1054			EALTH DEPARTM		7-11004
BIRTH NO.		C	ERTIFICAT	E OF DEATH	Registere	ed No
1. NAME OF DE (Type or Print)	CEASED MISS	Agnes	Mishon	1	2. DATE OF DEATH /2	-23-50
3. PLACE OF DE A. Baltimore Ci	ity, Maryland	0		A. STATE	CE (Where deceased lived B. COUNTY	. If institution : residence
B. FULL NAME OF HOSPITAL OR INSTITUTION		/ 1	give street address of		(If outside corporate l	imits, write RURAL and give township)
1			Yrs.	D. STREET ADDRESS	(lf rural give location	1000
	ay in Baltimore		Mos. Days	1860 71	elston In	ive
Female	Wind &	WIDOWED	DIMORCED (Specif	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days If Under 24 Hours Min.
10A. USUAL OCC	UPATION (Give kind of working life, even if return)	10B. KIND O	BUSINESS OR HNDUSTR	Y II. BIRTHPLACE Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	AME 7	Karen (100	14. MOTHER'S MAID	EN NAME	
Sugene 7	Short Ve	delity !	slole.	n wa	60 000	
15. WAS DECEASED	EVER IN U. S. ARME (If yes, give war or date	D FORCES? 10	SECURITY NO.	17. INFORMANT	1 / - O	ADDRESS
		13 10 15		Eugene &	hour-37B	wadway
18. /6/	X 1		CAUSE	OF DEATH	no mount.	7 / INTERVAL BETWEEN
	OR CONDITION	TH	0)0.			1.9.
heart failure	not mean the mode of e, asthenia, etc. It mes complication which	ins the discase.	(A) Ugu	amous.	cen	
	NTECEDENT CAUS		DUE TO CA!	Lrinoma	of larys	1X.
_			(B)		7	
RISE TO TH	OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LA	STATING THE	DUE TO			
ONDERETT			(C)			
- OTHER CI	11	710110				
H TRIBUTING	GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED				
19A. DATE OF			NDINGS OF OPE	RATION		20. AUTOPSY?
V ASSIDE	117 1114 6 11117	1 218 PLACE	OF INHIBY /-	1 21c WHERE DIE	/If in Dalain Ci	YES NO
LYING OR CAUSE OF D	CONTRIBUTING		OF INJURY (e. g., factory, street, office bldg		(If in Baltimore Cit	ty, give exact location)
210 TIME (N		(YY)				
OF INJURY	Month) (Day) (Year)		. INJURY OCCURI		NJURY OCCUR?	
	Month) (Day) (Year	m. Wo	E AT NOT WHILE			
OF INJURY	certify that I att	m. while	eased from	7-3/ 1950	to 12-23 1	352, that I last saw the
OF INJURY	certify that I att	m. while	RK NOT WHILL AT WORK ceased from M	7-3/, 1957, irred at //. 35m., for	to 12-23 1	n the date stated above.
22. I hercby deceased alia	certify that I att	tended the dec	RAT NOT WHILL RK AT WORK ceased from // I that death occu	1-3/, 195, 195, 195, 195, 195, 195, 195, 195	to 12 -23, 19 rom the causes and o	that I last saw then the date stated above. 23c. DATE SIGNED 12-23-50
22. I hercby deceased alia	certify that I att	tended the dec	eased from // that death occu	1-3/, 195, irred at //. 35m., fr 23B. ADDRESS	to 12 -23, 19 rom the causes and o	n the date stated above. 23c. DATE SIGNED 12-23-50
22. I hercby deceased alia 23A. SIGNATU	certify that I att	tended the dec	RAT NOT WHILL RK AT WORK ceased from // I that death occu	1-3/, 195, irred at //. 35m., fr 23B. ADDRESS	to 12-23, 19 rom the causes and or the cause and the causes and or the cause and the c	n the date stated above. 23c. DATE SIGNED 12-23-50
22. I herchy deceased aline 23A. SIGNATU 23A. BURIAL, CRITION, REMOVAL (Sp. DATE RECEIVED LOCAL REGISTREE)	certify that I att	tended the dec	RAT NOT WHILL RK AT WORK ceased from // I that death occu	1-3/, 1957, erred at //. 35 m., for 23B. ADDRESS Day Scon ERY 19-CRIMATORY 2	to 12-23, 19 rom the causes and or the cause and the causes and or the cause and the c	n the date stated above. 23c. DATE SIGNED /2-23-50 wn, or county) (State)
22. I hercby deceased alia 23a. SIGNATU 24a. BURIAL, CF TION, REMOVAL (Sp. DATE RECEIVED	certify that I att	tended the dec	RAT NOT WHILL RK AT WORK ceased from // I that death occu	195, 195, arred at // 57m., fr. 23B. ADDRESS ERY BERMATORY 2 25. FUNERAL DIRECT PARTY 1	to 12-23, 19 rom the causes and or the cause and the causes and or the cause and the c	n the date stated above. 23c. DATE SIGNED /2-23-50 wn, or county) (State)



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В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered No)
	NAME OF DE		v n	Danna		2. DATE OF DOCUMENT	hom 02 1050
	PLACE OF DE		Y C,	PERRY	4. USUAL RESIDENCE (W	here deceased lived. If in	iber 23, 1950 stitution: residence
	FULL NAME C	ity, Maryland OF (If not in hospi	tal or institution	on, give street address or	A. STATE Maryland	B. COUNTY	before admission)
	OSPITAL OR	T 1 TY- 1		location)		outside corporate limits,	write RURAL and give township)
-	35	Johns Hopk	ins nos	Oltal Yrs.	Baltimore o. STREET ADDRESS (If:	rurai, give location)	bel
c	Length of st	ay in Baltimore	Left	Mos. Days		ayette Street	
5	SEX	6. COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In years HU	nder 1 Year If Under 24 Hours ths: Days Hours Min.
	Female	White	Ma	rried	Sept 2, 1874.	50194	
	k done during most of	CUPATION (Give kind no f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF WHAT COUNTRY?
1:	B. FATHER'S N		1 10		14. MOTHER'S MAIDEN NA	AME , I	NY DIA
	John	. Mais	hall.		nukmon		
(Y)	5. WAS DECEASE.	D EVER IN U. S. ARME (If yes, give war nr date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT POLSE	3317. d	ORESS MAN
	18. 501	. 0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION LEADING TO DEA		77			ONSET AND DEATH
	(This does heart failu	not mean the mode re, asthenia, etc. It me	of dying, e.g.	(A)	infiltration of	Liver	
		complication which) Roelser			
		ANTECEDENT CAU	SES	(B) Genera	alized arterioscle	erosis	
Į Š	RISE TO TH	OR CONDITIONS, HE ABOVE CAUSE (A) VING CONDITION L	STATING THE				
CAT	UNDERLI	ING CONDITION E	ASI.	(C)			
CERTIFICATION	OTHER S	II IGNIFICANT COND	ITIONS CON				
ERI	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED				
1	19A. DATE O	FOPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		IAL CAUSE WAS	1 1 11 4	CE OF INJURY (e. g., in		f in Baltimore City, gi	
	UTING C	OF OF DEATH					
Σ	OF INJURY	Month) (Day) (Year	W	1E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?	
	22. I certif	y that I took cha	rge of the r	remains described a	bove, held an Inspecti	on & Inquiry	thereon and from
	the evic	dence obtained by ath in my opinion	said Autor	osy, Inspection or I	Inquiry, find that said described \square , accident \square , suicide	Inspection or Inquiry seeased died on the □, homicide □, un	day stated above, determined [].
	23A. SIGNAT		12	/	23B. CHIEF MEDICAL I	EXAMINER 23c	DATE SIGNED
2	4A. BÜRİAL. C	REMA: 24B. DATE	1/2/2	4c. NAME OF CEMETE	.D. MEDICAL INVESTIGATE RY OR CREMATORY 240. LC	OCATION (City, town, o	
T!	ON, REMOVAL (S)	- Lec.	37.1950	Jak . For	m. Com C	astern ar	1. And
	ATE RECEIVED		S SIGNATUR	RE	25. FUNERAL DIRECTOR	1	ADDRESS
E	C 251950	1 1 1 1 1 1	7-144	range 1/2	Tendell Mappe	1. 313.5.4	habitand and
II V	\$ 151	- 1	9.3		1/ 00	1 1	1.1 12 4/

before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

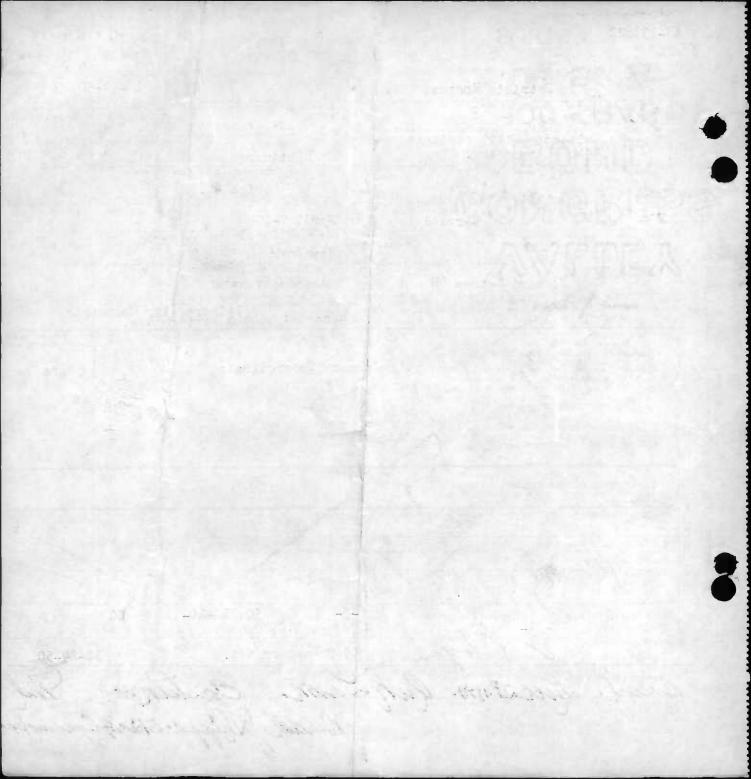
23c. DATE SIGNED 12-24-50

(State)

YES

vears

township)



VS 150

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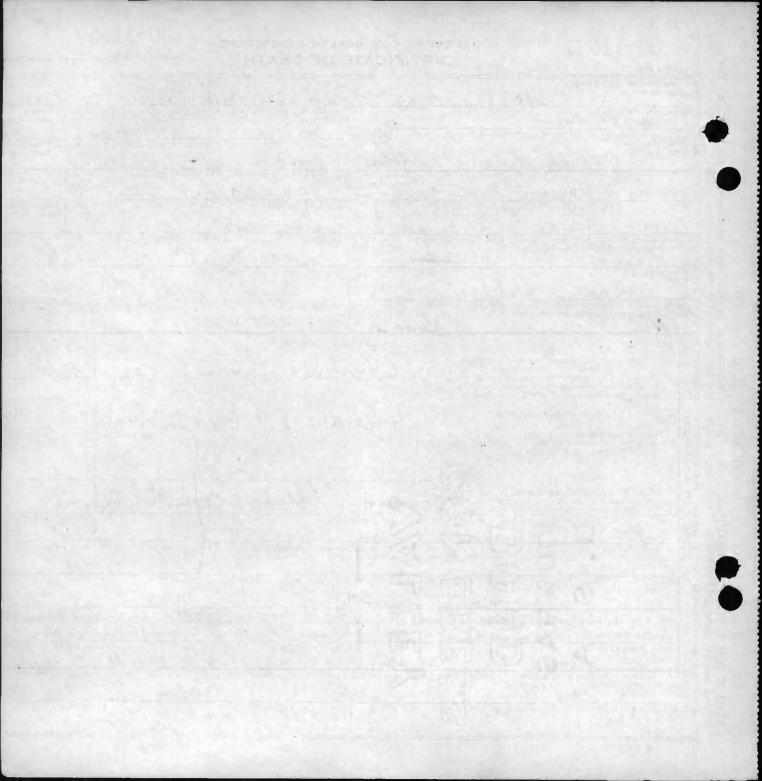
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BALTIMORE CITY HEALTH DEPARTMENT

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00	J.,	L	U	0	1

1	00 11001	CERTIFICAT	E OF DEATH	Registered N	To
-	1. NAME OF DECEASED			2, DATE	
1	(Type or Print) West.	Mrs. A.	NNA ELIZA	1 1 OF 1	24.1950
	3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	E (Where deceased lived, If B. COUNTY	institution : residence before admission
1	B. FULL NAME OF (If not in hospital or institu HOSPITAL OR	tion, give street address or	C. CITY OR TOWN	(If outside corporate limit	TE DUBAL
	INSTITUTION Church Home	y Hospital	Baltino	1	L/ - O / township
1	2	Yrs.	D. STREET ADDRESS	(If rural, give location)	
		Days		sher St.	
1		E. MARRIED. WED, DIVORCED (Specify)		last birthday) Mo	onths Days Hours Min
-		D OF BUSINESS OR	Hug. 23 186		12. CITIZEN OF
1	work done during most of working life, even if retired)	home		a d d	WHAT COUNTRY
1	13. FATHER'S NAME	ALOMO N	14. MOTHER'S MAIDE	N NAME	USH
	Joseph Holder	V	ANNA	Holden	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT 20	08 W. Moshera	detreet - 1
1	No	None	Mrs. Mamie B	durka	
1	18. 60 2X	CAUSE	OF DEATH		INTERVAL BETWEE
ı	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	100	closed the	rombosis	3/2 8
ı	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused dear	ase,		077.00313	Jours
	ANTECEDENT CAUSES	0	1:00 // 01	Lerio Scleros	
	Z DISEASES OR CONDITIONS, IF ANY, GIV	ING	ralized HYI	erioscieros	1.5
	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CO	THE DUE TO			
	O. L.	(C)			
	OTHER SIGNIFICANT CONDITIONS CO	The state of the s	1 1 - 1	0. 1 1: 4	
,	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED Common		- Obstuctive J	
	- 2 - 2 - 2	R FINDINGS OF OPER	- 1		20. AUTOPSY?
	214 ACCIDENT SUICIDE 218 PL	ACE OF INJURY (c. g., i	Stores in or 21c. WHERE DID	(If in Baltimore City, s	YES MO L
	ш	, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?	
	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended the	e deceased from 12	1920, 10		c, that I last saw th
	deceased alive on 12/24, 19 30	, and that death occu	rred at/0 2 pm., fro	om the causes and on the	
	23A. SIGNATURE Reed Carr	00	Church /	tome & Hospita	12/24/10
0	24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	ERY OR CREMATORY 24	D. LOCATION (City, town,	or county) / (State)
	Durial (Specify)	Loudon Park	Cemetery E	Baltimore, Md	•
	DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR	URE	HENRY SANDE	R & SOMS IN	ADDRESS
	CC 0 (1050)	Williams M. S.	BAT TO TO	MD /Ska if	T/H. Si

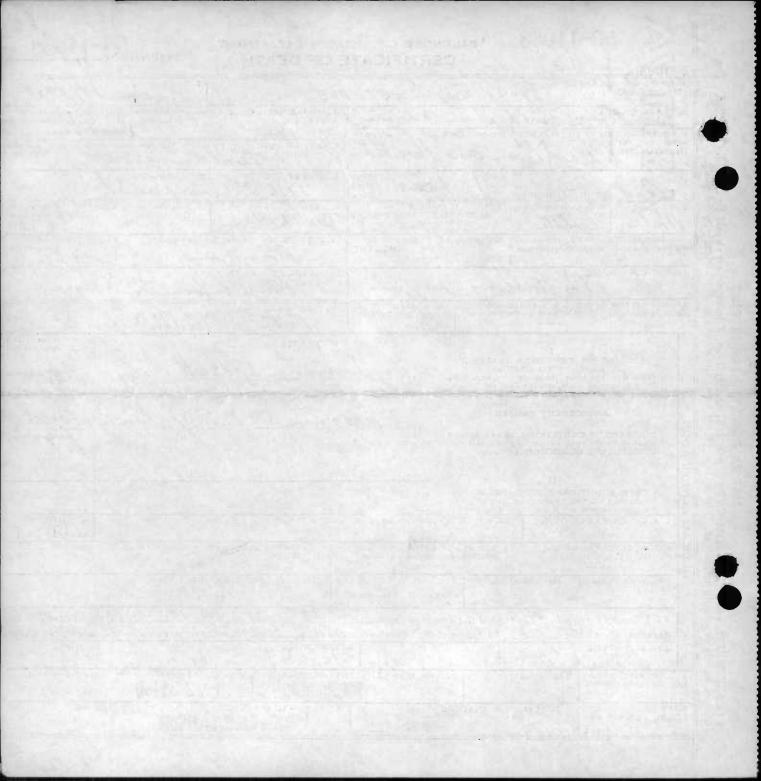


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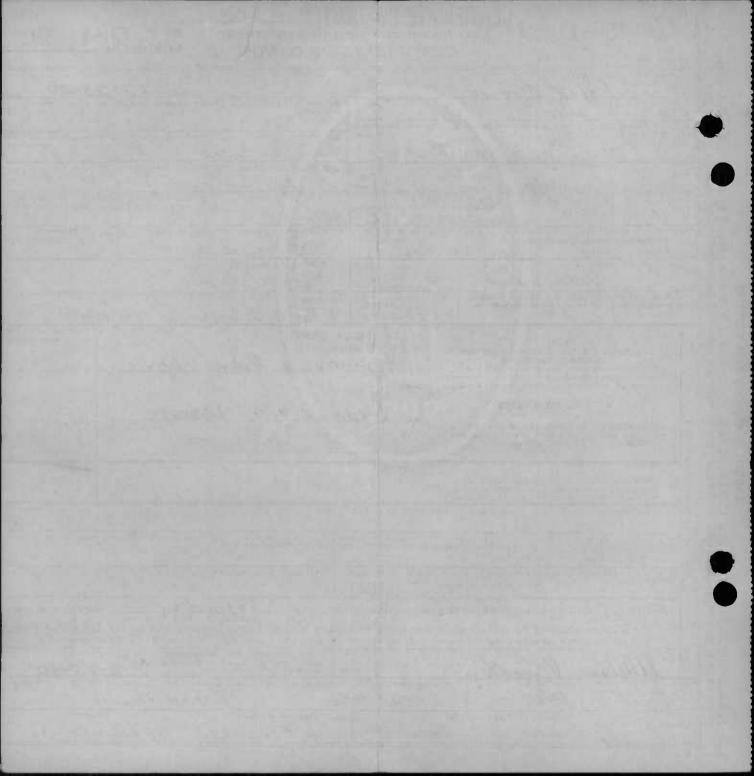
BALTIMORE CITY HEALTH DEPARTMENT

	50	14	MES
Register	ed No	1.1.	UUC

E	IRTH NO. 50 - 27655 CERTIFICAT	E OF DEATH Registered N	0
=	NAME OF DECEASED BABY Boy SUEZZ	FSE 2. DATE OF DEC.	19,1950
A	Baltimore City, Maryland Church home & hospital	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY B. COUNTY	institution; residence flatefore admission)
E	FULL NAME OF (If not in hospital or institution, give street address of location NSTITUTION hunch Home and Hospital		
C	. Length of stay in Baltimore / hours Mos. Days	D. STREET ADDRESS (If rural, give location)	7.
5	Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif)	8. DATE OF BIRTH 9. AGE (In years Mo) Dec. 19, 1950 19. AGE (In years Mo)	Under 1 Year If Under 24 Hours nths Days Hours Min.
1 wo	OA. USUAL OCCUPATION (Givekind of the done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ī	3. FATHER'S NAME Mr. Anthony Sueges	14. MOTHER'S MAIDEN NAME.	Suggess
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MH /AIL NICH	opress St.
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	maturity 33 wh. baby	to at 23 who of
CERTIE	TRIBUTING TO THE DEATH, BUT NOT RELATED		
A	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
FDIC		in or 21c. WHERE DID (If in Baltimore City, a .,etc.) INJURY OCCUR?	give exact location)
. 2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY m. WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK	E	
	22. I hereby certify that I attended the deceased from deceased alive on Dec. 19, 1950, and that death occur	lec. 19, 1950, to Dec. 19, 1950, urred at 4 P.m., from the causes and on the	
	23A. SIGNATURE 14 one M.D.	Charly Home Horp	23c. DATE SIGNED /2 -26-56
T	24A. BURIAL, CREMA- ION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town,	or county) (State)
1	OATE RECEIVED BY REGISTRAR'S SIGNATURE DEC 2 6 1950	25. FUNERAL DIRECTOR	ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Clauser Clouser DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. CQUNTY before admission) B. FULL NAME OF (1) f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION SALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore CR035 Days 5. SEX 6. COLOR OR RACE . SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under I Year last birthday) Months: Days Hours! Min. SINGLE 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? TLECTRO TYPER RINTING ENNSYLVANIA information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN (/NKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO 212-09-96 93 of ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., portrusive Arderio solerotic heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: (C) MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? YES 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. INJURY OCCUR? UTING | CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK Autopy, Inspection or Inquiry 22. I certify that I took charge of the remains described above, held an _ thereon and from WRITE | the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes R, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER PLEASE W. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 12/27/50 SURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 151 520 4M

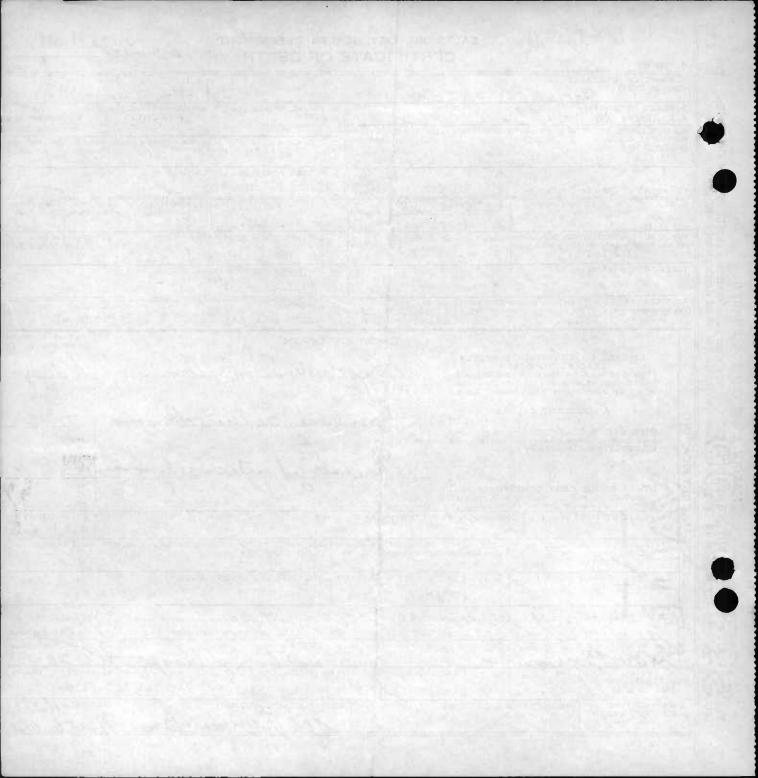


5-32-50-11060

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11060 Registered No.

В	IRTH NO.			CLICITICA	`	OF DEATH		
	NAME OF DE Type or Print)	SATISKV	- 15R	AEL			2. DATE OF DEATH	26/19 50.
A.		ity, Maryland	Ballo	m. L	Α.	USUAL RESIDENCE (V		If institution: residence before admission)
H	FULL NAME OSPITAL OR	of (If not in hospi	tal or institut	ion, give street address location		CITY OR TOWN (If Baltimore	outside corporate lim	oits, write RURAL and give township)
c.	Length of st	ay in Baltimore	140	Yrs Moo	8.	STREET ADDRESS (If 2110 Wilkens Av		
	m	6. COLOR OR RACE	Ma	E. MARRIED, VED, DIVORCED (Speciarried	ify) 8.	pt 21.1896		If Under 1 Year II Under 24 Hours Min.
wor	done during most of	UPATION (Give kind of working life, even if retired	C1	othing white	RY 11.	BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	MO.	1 /	les	Ky	14	Mollie ?	AME	
15 (Ye	WAS DECEASED	EVER IN U. S. ARME (If yes, give war or date W. W. I	D FORCES?	16 SOCIAL SECURITY NO 215-03-1657		INFORMANT ernard Satisky		ADDRESS timore St
L CERTIFICATION	(This does heart failur injury or DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DE	E OR CONDITION LEADING TO DEA not mean the mode e, asthenia, etc. It me complication which ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L GNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION FOPERATION	TH of dying, e. g ans the diseas caused death SES FANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE IT CAUSING I	(B) (C) few		8	oscleroni esscleroni	20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	218. PLA about home, f	CE OF INJURY (c. g arm,factory,street,office bid	g., in or	21c. WHERE DID (INJURY OCCUR?	If in Baltimore City,	give exact location)
Σ	21b. TIME (I OF INJURY	Month) (Day) (Year		NOT WHILE AT WORK AT WOR	LE	21F. HOW DID INJURY	y occur?	
	22. I hereby deceased ali	ve on 17	ended the	deceased fromand that death occ	- /	at/2/1/ m., from t	he causes and on	that I last saw the the date stated above.
21	A. BURIAL, CON, REMOVAL (Sp	Balan	ic	м. D.	23B.	ADDRESS Andles G OR CREMATORY 244. L	Moses	12-26-50
	Durial	Dec, 21,	1950	Moses Monti	fior	e Cong Cemeter;		on Blvd
	ATE RECEIVED DCAL REGISTR	AR		RE	25	Sol Sulling	on-Bro	noth are
	VS 150		44	590	46	P /		94a



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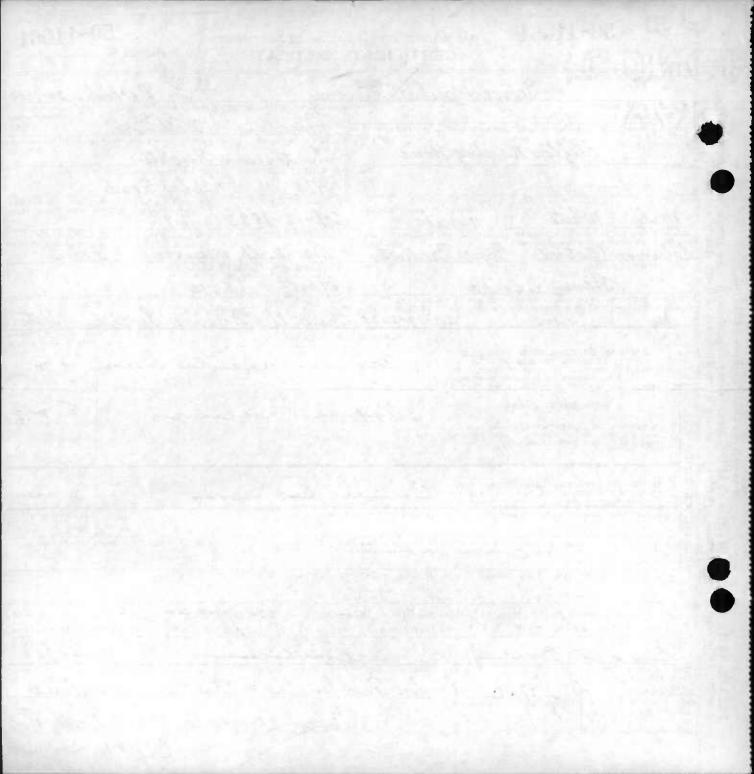
WITH Sortant.

PLEASE WRITE I

BIRTH NO. CERTIFICATE OF	DEATH Registered No
(Type or Print) Leorge Marshall Invine	2. DATE OF DECEmber 24-1950
	AL RESIDENCE (Where deceased lived. If institution; residence
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution, give street address or location) C. CITY C. CITY	off TOWN (If outside corporate limits, write RURAL and given the company of the constitution of the consti
c. Length of stay in Baltimore Yrs. Mos. Days 4/	ET ADDRESS (If rural, eve location) S W. & hibley Road
Male White Married 8. Date Married 8. Date	OF BIRTH 9. ACT (In years I Under I Year Hours Min. 12-1883 67
10a. USUAL OCCUPATION (Give kind of Dob. KIND OF BUSINESS OR INDUSTRY Religion (Religion) 10b. KIND OF BUSINESS OR INDUSTRY 10c. KIND OF BUSINESS OR INDUS	rshall, Missouri 12. CITIZEN OF WHAT COUNTRY
Thenry I rvine man	tha Lewis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? SECURITY NO. 17. INFO None 212-07-5035	RMANT ADDRESS ANTHIOLOGY Hate.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) CONDITION (B) DUE TO	Doserlas Dieses of m.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	WHERE DID (If in Baltimore City, give exact location) RY OCCUR?
<u> </u>	HOW DID INJURY OCCUR?
deceased alive on 2c 24, 19 and that death occurred at 23A. SIGNATURE 23B. ADDR	200.
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CRE TION, REMOVAL (Specify) Burial 27/10 Loudon Park Ceme	MATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNIL COLOR STEWARS STEWARD	f & Mowen Co., 108 W. north ave

49068

VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11062 Registered No.

BIRTH NO

1. NAME OF DECEASED	
(Type or Print)	L

2. DATE DEATH

-NTON IF 3. PLACE OF DEATH:

A. Baltimore City, Maryland 2019 E. Eager St.

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR

RESIDENCE (Where deceased lived If institution : residence A. STATE B. COUNTY before admission) Md.

location) INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore

Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) 2019 E. Eager St.

5. SEX female

should be early and le

information s

UN. ADING Physicians:

HL

EDICAL

clearly

6. COLOR OR RACE I 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) white widowed

60 years

8. DATE OF BIRTH Sept. 1, 1865

14. MOTHER'S MAIDEN NAME

AGE (In years | M Under | Year | M Under 24 Hours | last birthday) | Months: Days | Hours | Min. 9. AGE (In years)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

108, KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown)

6.0

16. SOCIAL SECURITY NO.

at home

unknown 17. INFORMANT

ADDRESS Arthur J. Pokorny, 713 Richwood Ave.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

CAUSE OF DEATH

ONSET AND OEATH

INTERVAL BETWEEN

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OUE TO

artenoscleroter C. V. Disease

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1

198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCURT

210. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED AT WORK

21F. HOW DID INJURY, OCCUR?

22. I certify that I took charge of the remains described above, held an

WORK

and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\supremptile \), homicide \(\supremptile \), undetermined \(\supremptile \).

23A. SIGNATURE

MEDICAL INVESTIGATOR. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER.

24A. BURIAL. CREMA-TION, REMOVAL (Specify) Burial

Dec. 27. 1950

Oak Hill Cemetery

Horner's Lane, Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE inticator / / Mache, M. Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

WRITE I PLEASE correct ag MARGIN RESERVED FOR BINDING

PLEASE WRITE I

50-11063

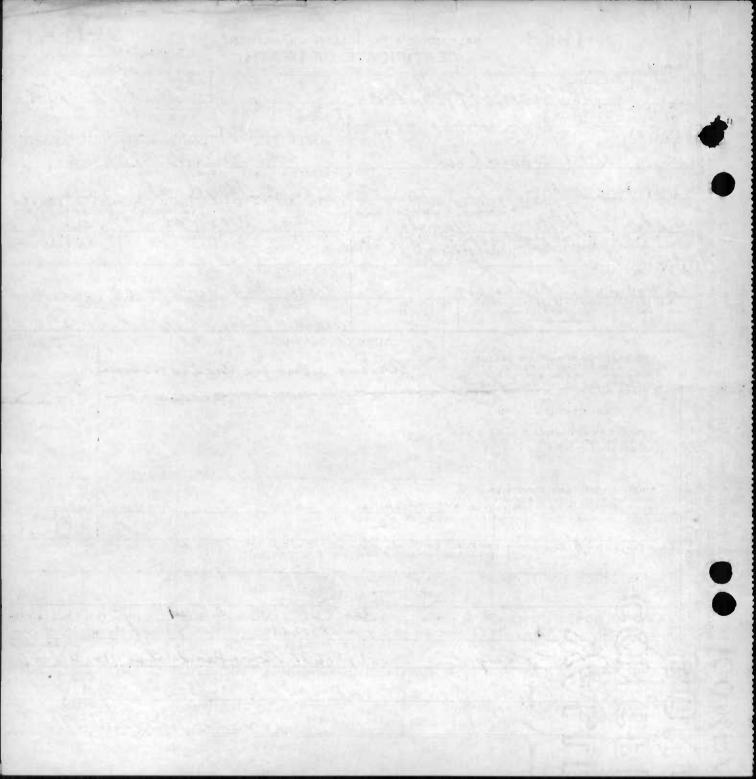
BALTIMORE CITY HEALTH DEPARTMENT

50-11063

0.1	DTH NO			CERTIFICAT	E OF DEATH	Registere	d No.
_	RTH NO.						
	NAME OF D ype or Print)	William	ap	thansen		2. DATE OF DEATH	124/1950
A.		City, Maryland			A. STATE	E (Where deceased lived B. COUNTY	. If institution: residence before admission)
HO	FULL NAME OSPITAL OR	OF (If not in hospital	or institution	n, give street address o location		(If outside corporate li	mits, write RURAL and give
IN	STITUTION	1013 Ba		7	3. GITT OK 10 III	Root 1	S-63 township)
4,00		1010 100	900	Yrs.	D. STREET ADDRESS	(If rural, give location)	0 00
c.	Length of s	tay in Baltimore		Mos. Days	1013 1	Boud st.	
5.	SEX	6. COLOR OR RACE	7. SINOSE, WIDOWE		8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days Hours: Min.
1	Male	White	m	arrived	124/189	71 79	11 0
10 work	A. USUAL OC	- Committed to the at the	Fair fig	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	ATHER'S	NAME	157	ed Go	14. MOTHER'S MAIDE	N NAME	
(Unkun	and alpha	e csa		Flora Ma.	· Wasknown	
15	. WAS DECEAS	ED EVER IN M. SARMED	FORCES?	16. SOCIAL	17. INFORMANT	Corolnous	ADDRESS
(16	s, no or unknown)	(If yes, give war or dates of	f service)	SECURITY NO.	Flore M. a VDL	1115n 1013	Rosed st.
	18. 1L 7	0 1		CAUSE	OF DEATH	CHAPT 1070	INTERVAL BETWEEN
	70	X.1 1	iw-	CAUSE	OF BEATH		ONSET AND DEATH
		SE OR CONDITION D LEADING TO DEATH	1	ande	ris seles fee	Page 1 - 2000	reals
	(This does	s not mean the mode of are, asthenia, etc. It means	dying, e. g., s the disease.	(A)	in been the	and the	7
	injury or	complication which car	used death.)	DUE TO		Chalca	
		ANTECEDENT CAUSE	s				
O	DISEASE	S OR CONDITIONS, IF	ANY GIVING	(B)			
ATIO	RISE TO	THE ABOVE CAUSE (A) S YING CONDITION LAS	TATING THE				
문				(C)			
ERTIFICA	OTHER	II SIGNIFICANT CONDIT	IONE CON				
E	TRIBUTIN	G TO THE DEATH, BUT N	OT RELATED				
U				FINDINGS OF OPE	RATION		20. AUTOPSY?
AL		0					YES NO
EDICAL	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., m,factory,street,office bldg		(If in Baltimore Cit	y, give exact location)
Σ		(Month) (Day) (Year) (Hour) 2	1E. INJURY OCCUR	RED 21F. HOW DID IN.	JURY OCCUR?	
	OF INJURY			HILE AT NOT WHILL			
	22. I hereb	ou certify that I atte			c. L/ , 1950, to	Dec 24 15	Me, that I last saw the
							n the date stated above.
	23A SIGNA	TURE A			23B. ADDRESS		23c. DATE SIGNED
	Karl	119 03 14	ing	м. D.	1316 Nr Lon	hand Il	- 12-26-50
	AA. BURIAL.		2.	4c. NAME OF CEMET	ERY OR-CREMATORY 24	D. LOCATION (City, to	wn, or county) (State)
	Buria	il 727/3	0	Mt. C	Rivet	Ballo.	· ma.
	ATE RECEIVE		SIGNATUR	liaille, M.S.	25. FUNERAL DIRECT	OR:	ADDRESS D. O. J

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WITH UNFADING INK. Every item of information should be efully supplied. MARGIN RESERVED FOR BINDING

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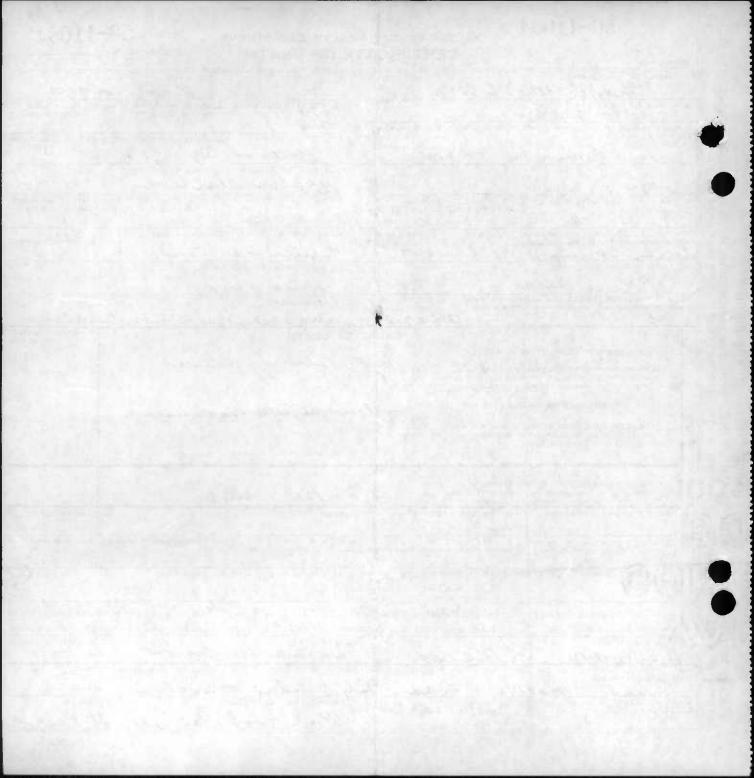
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ESSEX

BALTIMORE CITY HEALTH DEPARTMENT

50-	1	1	0	6	4
aintamed No.					

BI	RTH NO.		CER	RTIFICATI	E OF DEATH	Registered No.	
1.	NAME OF E	NNIE (NETTY) CSSEX			2. DATE OF DEATH PER 2	5 1050
A.	PLACE OF D Baltimore	City, Maryland	/		4. USUAL RESIDENCE (W		titution: residence before admission)
HC	SPITAL OR STITUTION	OF (If not in hospite) Baltonias Je		location)		outșide corporate limits, v	write RURAL and give township)
		stay in Baltimore		Yrs. Mos. Days	11	elare	
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARI WIDOWED, DIV Sen'gl	VORCED (Specify)	8. DATE OF BIRTH FEB. 28 1894	9. AGE (In years 1 Um last birthday) Month	der I Year It Under 24 Hours hs Days Hours Min.
Work	done during most	CUPATION (Give kind of of working life, even if retired) (2. 2. 6. K	USINESS OR JINDUSTRY	11. BIRTHPLACE (State or for Baltimore) 14. MOTHER'S MAIDEN NO	me.	2. CITIZEN OF WHAT COUNTRY?
	Ric	hay Essex			Laura Ferry	P	
15 (Yes	no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dated	of service) S	OCIAL ECURITY NO.	17. INFORMANT	ADD	RESS
_	1B. 169		1215	07-8739 CAUSE	Harry Essex, 38	11-5Ct St., Be	INTERVAL BETWEEN
ICATION	(This does heart failt injury or DISEASE.	SE OR CONDITION LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA	f dying, e. g., ns the disease, aused death.) ES FANY, GIVING STATING THE	UE TO	Pulmonony Ed		
CERTIFI	TRIBUTING	II BIGNIFICANT CONDIT TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	Rio	ebetes Melin	tis	
4			9B. MAJOR FINDI	NGS OF OPER	RATION		20. AUTOPSY?
MEDICA		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF ebout home, farm, factor	INJURY (e. g., i	or 21C. WHERE DID (International Injury Occur?	f in Baltimore City, give	e exact location)
2	OF INJURY	(Month) (Day) (Year)	m. WHILE AT	JURY OCCURR NOT WHILE AT WORK		Y OCCUR?	
	deceased a	ny certify that I att live on Sec 25 TURE	ended the deceas	at death occur	rred at 12:15 pm., from to 3B. ADDRESS South Ballo. Her.		that I last saw the date stated above. 23c. DATE SIGNED
24 TIO	A. BURIAL, N. REMOVAL (S	CREMA- 24B. DATE	24c. NA	1.11		OCATION (City, town, or	
DA LC	TE RECEIVE		S SIGNATURE	us, Mar	25. FUNERAL DIRECTOR	Inc. 12170	LB. Paul Ho



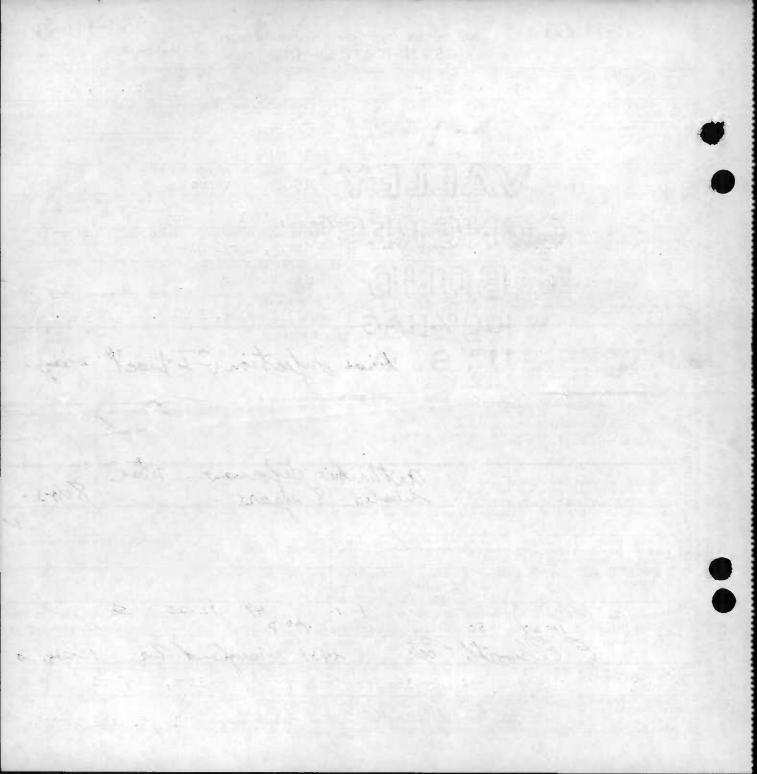
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BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5	0-11065
Registered	No

1	NAME OF D					2. DATE	2070	
	Type or Print)		eter Ko	oehler	*	DEATH	25, 1950	
3 A	Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission			
В	. FULL NAME OF (If not in hospital or institution, give street address or			Maryland				
	NSTITUTION	007 6 1/17	Λ	location)		outside corporate limits	, write RURAL and give	
5	0-9	2915 Miles	Avenue		Baltimore	12-0	/ cownship)	
50				Yrs. Mos.	D. STREET ADDRESS (If I			
	. Length of s	tay in Baltimore		Days	2915 Miles Aver			
an	male	white	Mari		0ct. 23, 1891	last birthday) Mon	Under 1 Year If Under 24 Hours https://doi.org/10.1001	
NO.	rk done during most:	CUPATION (Give kind of of working life, even if retired) SE Painter	Jos. J	o of business or Eisenmeyer	Baltimore, Maryla		12. CITIZEN OF WHAT COUNTRY?	
g 1	3. FATHER'S	NAME	123	CONST-	14. MOTHER'S MAIDEN NA	ME		
nearn	Fre	derick Koehle	r		Louise Voelker			
1 (Y	5. WAS DECEAS: es, no or unknown) NO	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Russell Koehler,		DDRESS mac St.	
- causes	18. 578	7 Y		CALISE	OF DEATH		INTERVAL BETWEEN	
		SE OR CONDITION	DIRECTLY				ONSET AND DEATH	
rue		LEADING TO DEA	TH	Virial	Infection (- Ltrang	12 chu()	
2	heart failu	re, asthenia, etc. It mes	ins the diseas	e,	P	, a pao	<i>P</i>	
write	migury or			a.) DUE TO				
2 7	S S TE	ANTECEDENT CAUS	SES					
TION		S OR CONDITIONS, I			•••••••••••••••••••••••••••••••••••••••	***************************************		
	UNDERLY	TING CONDITION LA	ST.					
CERTIFICA				(C)		1.4-0		
RTIFI	OTHER S	II IGNIFICANT COND	TIONS	anthri	this deforman	7 - Volal		
EF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D 1 0.1	8 1		8cms.	
4 0		F OPERATION			ATION -		1 20 AUTORGY2	
AL.		0					VES NO D	
MEDICAL	21A. ACCID LYING OF	PENT WAS UNDER-	21B. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, street, nffice bldg., e	n nr 21c. WHERE DID (II	f in Baltimore City, gi	1,20	
ĒΙΣ	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?		
2	OF INJURY			WHILE AT NOT WHILE				
rang			m.	WORK AT WORK	1 119 1	2.25		
ad as	22. I hereb	y certify that I att	cnded the	deceased from 1-	197/, to 1	1.13 , 1930	, that I last saw the	
16	aeceasca a	TURE OF 12-24	_, 19. 30 .	and that death occur	1- red at 430, 1947, to 1 Pm., from th	e causes and on the	e date stated above.	
2	Zon. Diona	E Elk	m \$1.	Coole M. D.	243/ Marena	ad ane.	12.26- S	
20 2	4A. BURIAL,	CREMA- 24B. DATE	1000	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, o	or county) (State)	
	on, REMOVAL (S	12/29/	50	Lorraine Park	Cemetery Wood	dlawn, Maryla	ind	
במנופר	ATE RECEIVE	D BY REGISTRAR	S SIGNATU		25. FUNERAL DIRECTOR		ADDRESS	
	OCAL REGIST	RAR		Williams, M. J.	Mm. Book Que			
1		-	30 -	1.1/4	M. OOTH, M.P.	1217 St. Pa	ar Street	
	VS 150		1	564 2	4		59B	



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5	0-	4.	O	37
Registered	No.	-A	E E P) i

Ш	BI	RTH NO.	
	(T:	NAME OF DECEASED ype or Print) ESTHER UPSITE	2. DATE OF DEATH / 3-26-56
	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	-	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTA 9. AGE (In years) If Under 1 Year If Under 24 Hours
H		male white widows (Specify)	72
	10 work	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13	FATHER'S NAME	14 YOTHER'S MAIDEN NAME
	-	Havy	Fanne
	(Yes	. WAS DECEASED EVEN IN U. S. ARMED FORCES? (n. no or unknown) // yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Dra Relo - 3903 Edgewood load
		7400	OF DEATH ONSET AND DEATH
		*DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Commany Coloma
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	. / A
	_	ANTECEDENT CAUSES	er knier Nokies-schools
	NOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
	CAT	UNDERLYING CONDITION LAST.	East Herease
	RTIFI	(c)	
	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	CA	ACCUPENT CHACLE OF PLACE OF PLACE OF	in or 21c. WHERE DID (If in Baltimore City, give exact location)
	MEDI	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	
		21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
		m. work AT WORK	
		22. I hereby certify that I attended the deceased from deceased alive on 19, and that death occu	rred at 3.05 m., from the rauses and on the date stated above.
			23B. ADORESS 23C. DATE SIGNED
	24	M. D. SA/BURIAL, CREMA- 24B. DATE 246 NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
	6	Sureul 12-27-50 Mit Ca	ruel Balts ma
	DA LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE DEL 2 1950 Turbuston Williams	25. FUNERAL DIRECTOR
		VS 150	fact fews the 2100 Dillaw 12
			11 2 3

Registered No.

12. CITIZEN OF WHAT COUNTRY? U.S.A

township)

ADDRESS

PLEANS ONSET AND DEATH

20. AUTOPS

(If in Baltimore City, give exact location)

23c. DATE SIGNED

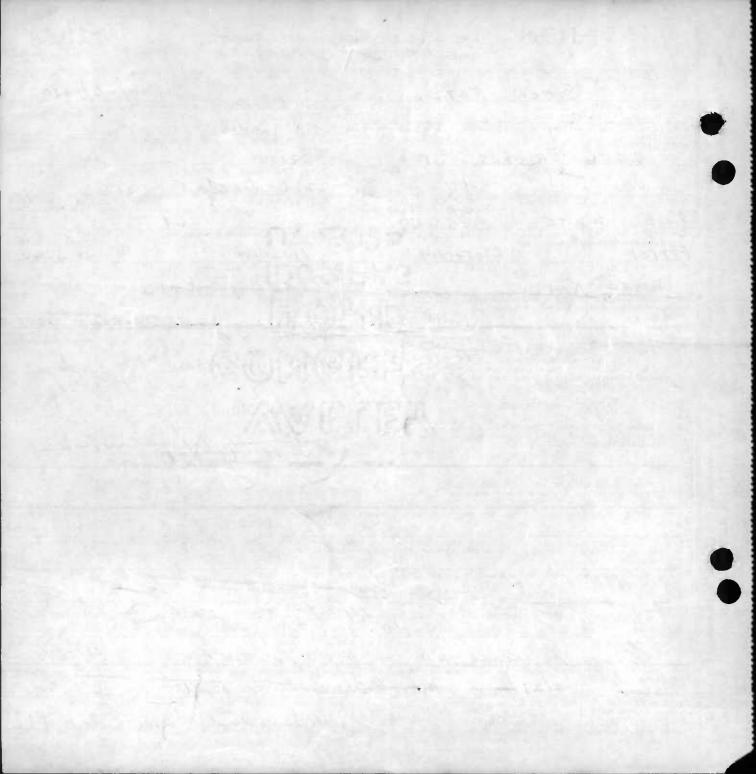
, that I last saw the

LOCATION (City, town, or county)

(State)

ADDRESS

VS 150



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	illy seepli	
NG	PL AI WITH UNFADING INK. Every item of information should be could seemlised	dooth plosply and loo
MARGIN RESERVED FOR BINDING	Every item of inf	write the consece of
MARGIN RESE	UNFADING INK.	Physicians nlasso
	PL VI	acially inchiptent

50-11069

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11069 Registered No_

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) SAMUEL TRONSBE	179 2. DATE OF 12/26/1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of	MARYLAND
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
1639 ASHBURTON ST	B9LTO. 15-06 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 62 Mos.	1639 ASHBURTON ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years If Under) Year I If Under 24 Hours
MALE WHITE WIDOWED, DIVORCED (Specify	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTR	Y WHAT COUNTRY?
13. FATHER'S NAME	17 USS 19 U.S. 19
N/= L	
71.100010	NOT KNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO	CHARLES H. TRONSBERG -3903 LABYRINTH RI
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	morchente Cardio Varcular Rive
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	CERTIFICATION APPROVED BY
Z (B)	OCMINIONION ALLIOTED DI
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Re6 0
UNDERLYING CONDITION LAST.	W. D.
	CHIEF OR ASST. MEDICAL EXAMINER.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	usion of frontal scalp
TRIBUTING TO THE DEATH, BUT NOT RELATED	Il fid the maning of death
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg	in or 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING□ OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH	INJURY OCCUR? 1639 Ashburton St.
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	
Dec. 26, 1950 11:30 am. WHILE AT NOT WHILE AT WORK	Fell from bed to floor
22. I hereby certify that I attended the deceased from	Wents 3, 1950, to Dec. 26, 1950, that I last saw the
deceased alive on Dec. 25, 1950, and that death occu	erred at 12:45 pm., from the causes and on the date stated above.
23A. SIGNATURE R. Maser M. D.	4335 and Krifit as 230. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)
BURISL IN/27/1950 WASH.	BLUD BOLTO. MA
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Q 1 9 . 0 . CT 0
DEC 9719En	Jack Leurs Inc - 2100-02 buland 14
VC SEA IJ.H.J	

Wash Hat 9AM

PLEASE WRITE PL correct age is especially

age

W	+ =	365	50-11070	BAL	TIMORE CITY HE	EALTH DEPARTMENT		0-110	70	
The	Bi	RTH NO.			CERTIFICAT	E OF DEATH	Registered	No.		
lied. T		NAME OF D ype or Print)	ETHEL U.	WATER	IAN		2. DATE OF DEATH Dec.	24, 195	0	
monlie	Α.	PLACE OF D Baltimore (FULL NAME	City, Maryland		rantley Rd	4. USUAL RESIDENCE A. STATE Md.	(Where deceased lived, I B. COUNTY		residence e admission)	
hilly su	HC	SPITAL OR STITUTION	OF (II not in hospite	al of Mistreet	location)		If outside corporate lum	its, write RUR	AL and give township)	
d be candlegrafy.	C.	Length of s	tay in Baltimore	7.41	Yrs. Mos. Days	p. STREET ADDRESS (If rural, give location) 2906 Grantley Rd.				
uld be	-	sex F	6. COLOR OR RACE		. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH			II Under 24 Hours Hours Min.	
information should be of death clearly and	work	A. USUAL OC domeduring most	CUPATION (Give kind of of working life, even if retired)	10B, KIND	of Business or INDUSTRY Dept. Stores	Baltimore, Md.	foreign country)	12. CITIZE WHAT USA	N OF COUNTRY?	
rmatic death	13. FATHER'S NAME Henry Waterman					Rose Reiser				
of info	15 (Yes	. WAS DECEAS , no or unknown) No	ED EVER IN U.S. ARMEI (If yea, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Herbert Kr:		antley R	d.	
Every item of i		(This doe heart fails	SE OR CONDITION LEADING TO DEA's s not mean the mode of ure, asthenia, etc. It mea	TH of dying, e. g ns the diseas	(A) Car	of DEATH	is .	ONSET	AL BETWEEN AND DEATH	
INK.	CATION	RISE TO	ANTECEDENT CAUSES OR CONDITIONS, INTERPRETARIES (A) THE ABOVE CAUSE (A) YING CONDITION L/	F ANY, GIVIN	(B) EN	uny & Effer	left line	, Oct	7/49	
UNFADINC Physicians:	CERTIFIC	TRIBUTIN TO THE C	II SIGNIFICANT COND G TO THE CEATH, BUT DISEASE OR CONDITION	NOT RELATE	D T					
VITH tant.	CAL	Bleura	of operation 1 Top - use ENT. SUICIDE.	98. MAJOR 10/44	- Bloody	Pluid - Cancer		YES	NO X	

21A. ACCIDENT, SU CIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office burg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED

WHILE AT AT WORK WORK

22. I hereby certify that I attended the deceased from Q L deceased alive on flee 22, 1950 and that death occurre and that death occurred at 23B. ADDRESS

23A. SIGNATURE 24A. BURILL CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATOR

Druid Ridge Cem.

21F. HOW DID INJURY OCCUR?

194

24D. LOCATION (City, town, or county)

23c. DATE SIGNED

24, 1950 that I last saw the

from the causes and on the date stated above.

12/27/50 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE

trituator 1111

Pikesville, Md. 25. FUNERAL DIRECTOR

INJURY OCCUR?

North.

VS 150

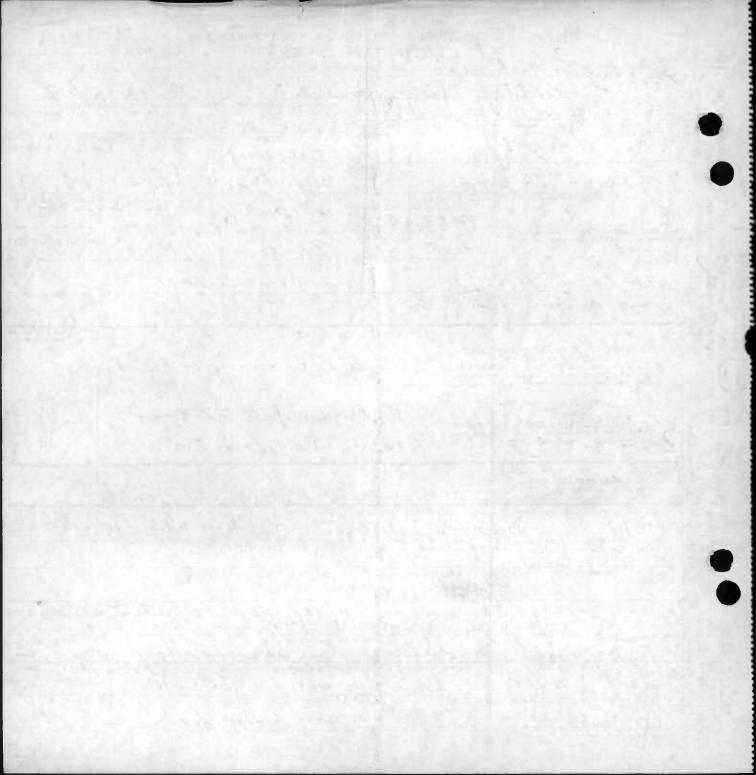
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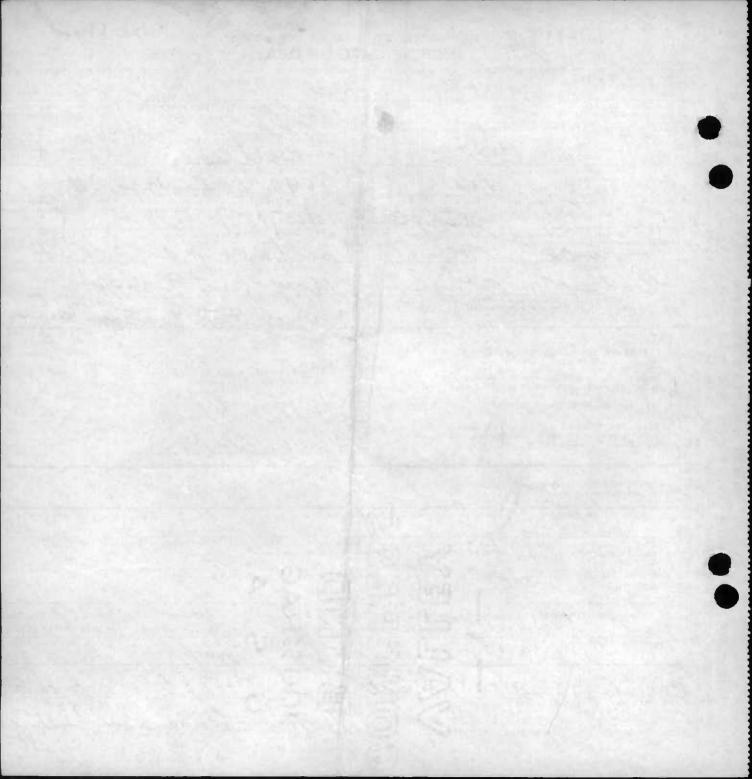
ON SHOW I SHOW BROWN AND WAY TO SHOW IN THE SHOW THE SHOW IN THE S

1	-22	2		,			
ì	,	50-11071		EALTH DEPARTMENT E OF DEATH	Registered No	-11071	
	IRTH NO.			E OF DEATH	Acgistered Me		
(T	NAME OF E	Bet	tv. Muzyko	wski	2. DATE OF DEATH /Z/Z	5/50	
Α.	Baltimore Full NAME	City, Maryland 💆	or SECOURS HOSP. al or institution, give street address or	4. USUAL RESIDENCE	Where deceased lived. If in B. COUNTY	nstitution : residence before admission)	
H	OSPITAL OR	OF (II not in nospi	location)	C. CITY OR TOWN (I	f outside corporate limits,	write RURAL and give township)	
-2	I		Yrs.	O. STREET ADDRESS (If	f rural, give location)		
c.	Length of s	tay in Baltimore	Mos. Days	3115 PHELA		- 29	
5.	F	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	nder I Year H Under 24 Hours ths Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country)	2. CITIZEN OF	
HONE HONE				DALTIMOR		U.S. A.	
13	FATHER'S	, , ,		14. MOTHER'S MAIDEN N			
15		HURLEY BER		MARY EMMA 32	AUVELT		
Ye	s, no or unknown)	(If yes, give war or date	s of service) SECURITY NO.	17. INFORMANT	ADI	DRESS	
ICATION	injury or DISEASE: RISE TO T	ire, asthenia, etc. It mea complication which (ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) (ING CONDITION LA	seused death.) Due To SES (B) Diste	c Periton			
ERTIFIC	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION		uc Adeniti	s - Debilit	4	
U C			98. MAJOR FINDINGS OF OPER		1/	20. AUTOPSY?	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or CALIFE OF DEATH OF City, give exact location) LYNING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYNING OF DEATH.							
Σ	21D. TIME		(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
	22. I hereb	y certify that Latt	enfled the deceased from	11 30 1950, to	the causes and on the	that I last saw the	
- 2						date stated above	
	23A. SIGNA	TURE) PD 2	Bon Secon	12 Hosp	23C. DATE SIGNED	
2.4 TIO	23A. SIGNA DA. BURIAL, ON REMOVAL (S BURIAL	CREMA! 24B. DATE	24C. NAME OF CEMETE	Bon Secon RY OR CREMATORY 24D. L	OCATION (City, town, or ALTO. MD	12/25/30	

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. Tukner . Sono Inc. Ballo md



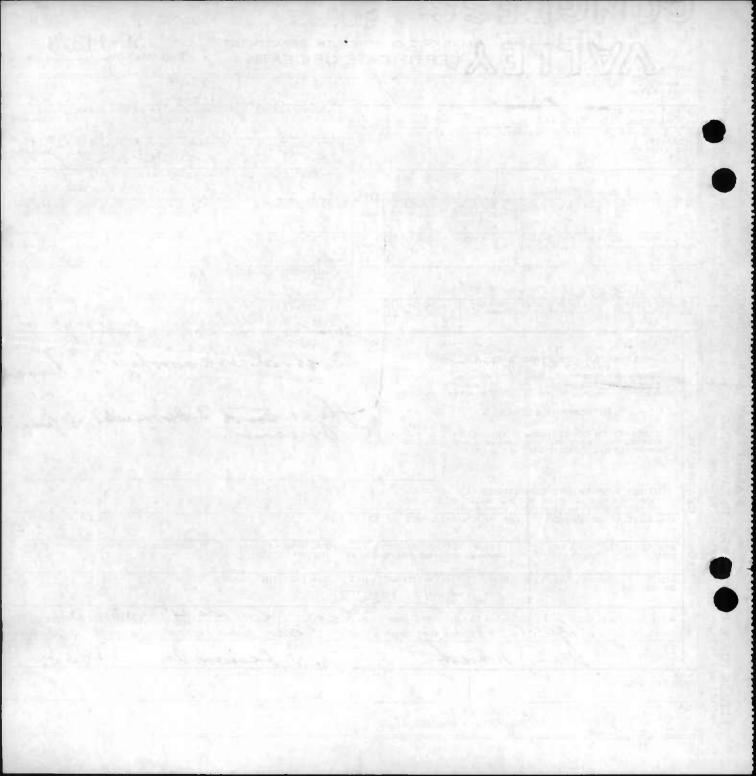


VS 150

50-11073

BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO. CERTIFICAT	E OF DEATH	Registered No.
1.	NAME OF DECEASED ype or Print) Margarul 4. Day	isler	2. DATE OF 12 25 50
	PLACE OF DEATH: Baltimore City, Maryland 2/08 Echadas	4. USUAL RESIDENCE (W	Where deceased lived. If institution : residence B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address o location STITUTION	c. CITY OR TOWN (If	outside corporate limits, write RURAL and give
c.	Length of stay in Baltimore Yrs. Mos. Days	12,0000	rural, give location) vaale are
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 30 1869	9. AGE (in years If Under 1 Yest If Under 24 Hours Months Days Hours Min.
1C worl	A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (State or To	preign country) 12. CITIZEN OF WHAT COUNTRY
13	Marker's NAME	14. MOTHER'S MAIDEN NA	AMEA TO TO
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT MAN 194- QUA	ADDRESS
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		androvocale of para
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
EDI	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., about bome, farm, factory, atreet, office bldg		If in Baltimore City, give exact location)
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY WHILE AT NOT WHILL AT WORK AT WORK	E	OCCUR1
	22. I hereby certify that I attended the deceased from deceased alive on the . 27, 19 0 and that death occur	Te 1, 19 ve, to de at 1. 30 am., from t	he causes and on the date stated above
	23A. SIGNATURE Was That M.O.	238. ADDRESS Persos	23C. DATE GIGNED
	N. REMOVAL (Specify) 12/28/30 AVOLY LEADINGTON	LEMEN DE	OCATION (City, town, or county)/ (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE DEAL REGISTRAR LINE OF MILE AND	25 FUNERAL DIRECTOR	ADDRESS CJ Work



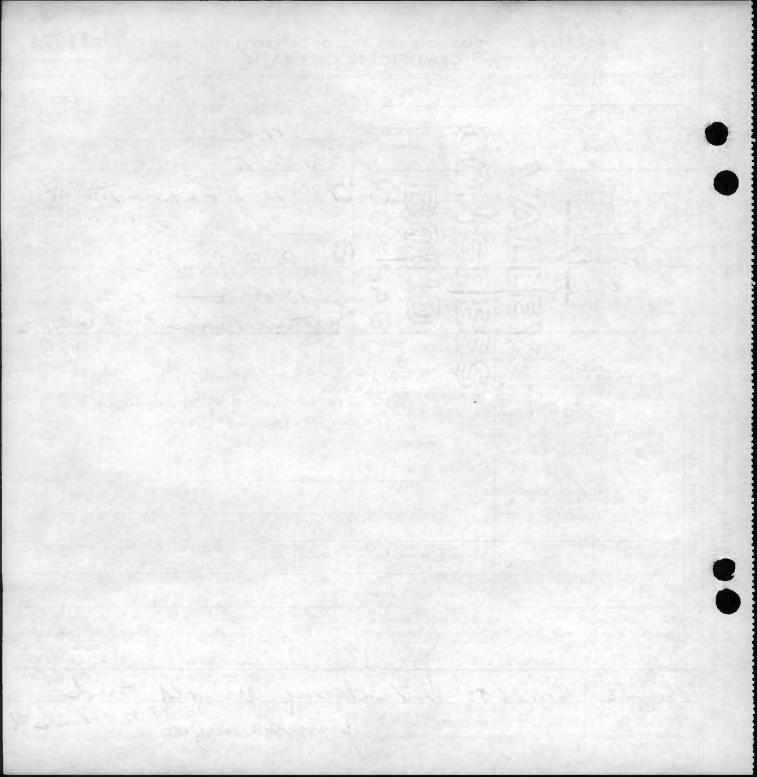
VS 150

50-11074

BALTIMORE CITY HEALTH DEPARTMENT

50-11074 Registered No.

The	BIRTH NO.	OF DEATH
d.	1. NAME OF DECEASED MARY BROWN	2. DATE OF 24 Dec 50
plie	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
N. N.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Good Samarlan Hoppital location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
fully ly.	60 27 (N. Carey St.	Dallo 10-01
legru	Yrs. Mos. C. Length of stay in Baltimore Days	o. STREET ADDRESS (If rural, give location)
uld be	Female Colored WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years / Il Under 1 Year last birthday) Months: Days Hours Min.
information should s of death clearly ar	10A. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
tion th c	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dear	Mh	hili-
f info	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT 1032 W, Lesponton
em of i	18. 422.1 CAUSE	OF DEATH INTERVAL BETWEEN
it ie		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	al thrombreis
Ever	injury or complication which caused death.) OUE TO Orline	oscleration and hypertens
1	ANTECEDENT CAUSES	al thrombosis oscleration and hypertensine lis-vascular disease.
UNFADING INK. Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
N.G.	UNDERLYING CONDITION LAST.	
UNFADING Physicians:	<u>г</u>	
IFA ysic	OTHER SIGNIFICANT CONDITIONS CON-	
Ph	TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Et.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
WITH portant.	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) about home, farm, factory, etreet, office bidg., et	or 21c. WHERE DID (If in Baltimore City, give exact location)
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?
3	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
Pecia	22. I hereby certify that I attended the deceased from 30	Oct , 1950, to 24 Dec, 19 50, that I last saw th
re P	deccased alive on 23 Dec., 1950, and that death occur	red at 830 f.m., from the eauses and on the datc stated above
WRITE e is esp	P - 0 1/2	38. ADDRESS 23G. DATE SIGNED 26 Vec 50
0.0	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
ASI	TION_REMOVAL (Specify) Lever 28.50 (Int Car	hery arnold. and
PLEASE correct a	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR (38 % ADDRESS
	DEO 711396	James asterino



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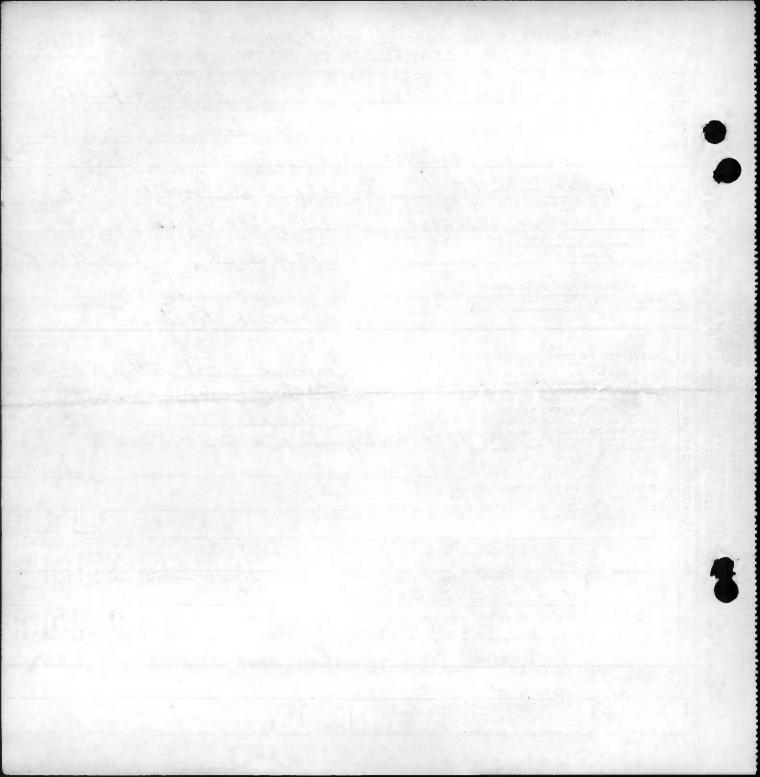
MAKGIN	UNFADIN Physicians:
	WITH Aportant.
1	T.
	ally

2-11076	(PEAR)	FIR	NWO	COX
STATUTO	BALTIMOR	E CITY	HEALTH	DEPAR

TMENT CERTIFICATE OF DEATH

50-11076 Registered No.

BI	RTH NO.	
	NAME OF DECEASED ppe or Print) Cox Pearl Brown	2. DATE OF DEATH 12/22/50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admissi
В.	FULL NAME OF (If not in hospital or institution, give street address o	Mary land
	OSPITAL OR STITUTION P . / / / / /	c. CITY OR TOWN (If outside corporate limits, write RURAL and towns
-	V were death Hospital	D. STREET ADDRESS (If rural, give location)
	Touris Cot Duit / IEE Mos.	10.5 40 dist 16 22
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year 11 Under 24 h
	Colored MARRIED (Specify	10/23/1894 last birthday) Months Days Houra M
10.	A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
VOLE	dooe during most of working life, even if retired) INDUSTR'	Maryland U.J. A
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Rev. Brown	-! BROWN
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? , oo or uoloown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
_	SECONITI NO.	HOSPITAL /ECORDS
	18. 443X . CAUSE	OF DEATH INTERVAL BETWO
	DISEASE OR CONDITION DIRECTLY	0 - 1 1 1 1
	(This does not mean the mode of dying, e.g., (A)	Consestive heart failer 12-19-
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ty pertentive hat direat
	ANTECEDENT CAUSES	of perfect was dereat
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING	Mesuia 12-22-4
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	sperteureire heat disease
<u>Q</u>		
빌		
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20, AUTOPSY
AL	0	YES NO
EDIC	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., HOMICIDE (Specify) about home, form, factory, street, office bldg.	
VE.		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY	
	m. WHILE AT NOT WHILE	
	22. I hereby eertify that I attended the deceased from 12	7-19-, 19 14 to 12-22-, 19 14, that I last saw
		arred at Z 💆 m., from the causes and on the date stated abo
	A. Nicola	23B. ADDRESS 23C. DATE SIGN
24		ERY OR CREMATORY 24D. LOCATION (City, town, or county) (Sta
Ile	N. REMOVAL (Specify)	
	TURIA 12/27/50 MT. HUBU	25. FUNERAL DIRECTOR ADDRESS
LC	CAL REGISTRAR	Wm. A. JACKSON-916 PENNA. ANE.
Di	VS 150	



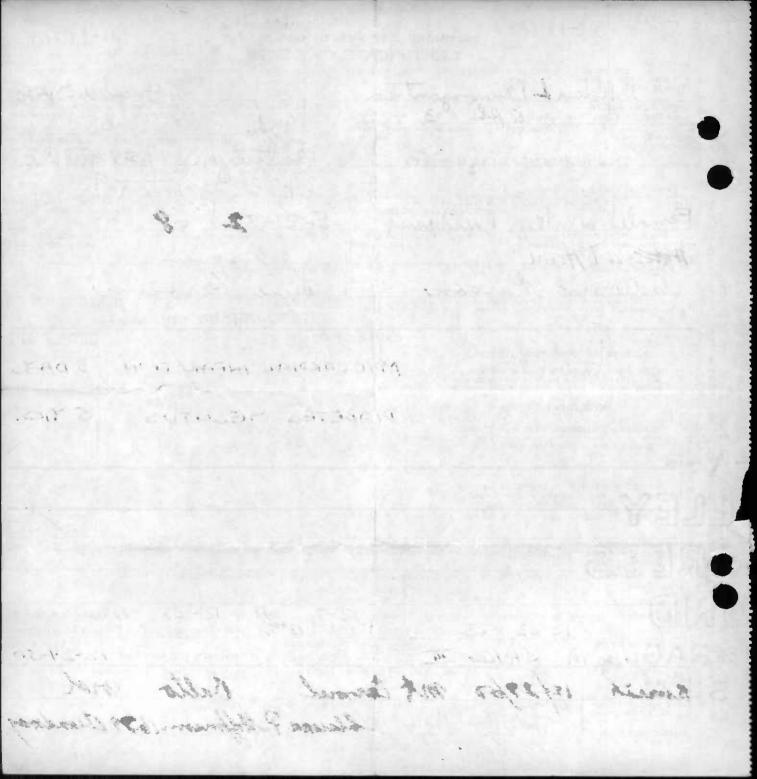
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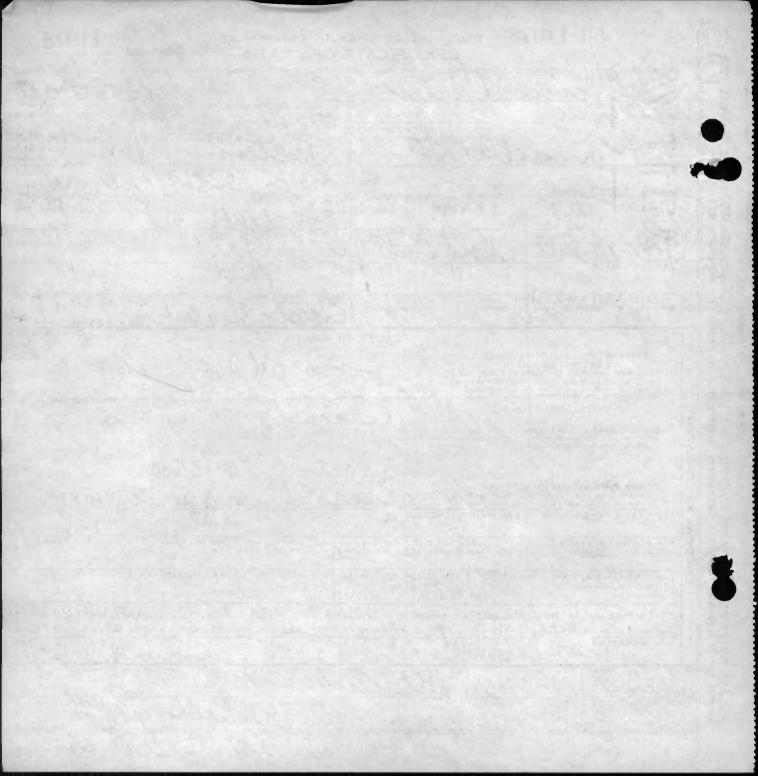
BALTIMORE CITY HEALTH DEPARTMENT

50-11075

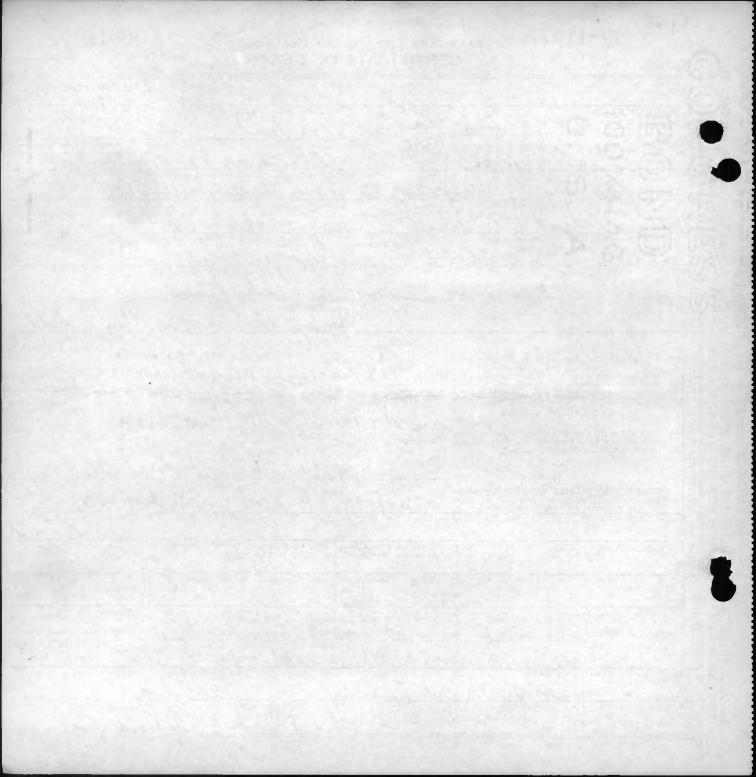
В	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No)
	NAME OF DECEASED Burn	maantren		2. DATE OF DEATH POCEN	Jan 23,1950
A.	Baltimore City, Maryland & M	3	4. USUAL RESIDENCE (W		stitution : residence before admission
H	FULL NAME OF (If not in hospital or institution) STITUTION	ution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and giv
3	THE JOHNS HOPKINS			ne LEV	EMON AU
	Length of stay in Baltimore	Yrs. Mos.	3432	rural, give location)	7
-	SEX 6. COLOR OR RACE 7. SING	Days	8. DATE OF BIRTH	9 AGE (In years) HI	Inder I Year If Under 24 Hours
F	emale white w	WED DIVORCED (Specify)	5-21-82	9 AGE (In years Mon last birthday)	ths Days Hours Min
10 wor	DA. USUAL OCCUPATION (Give kind of 10B. KIN k done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY
7	B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE	
	Edward Pars	~~ ·	alice to	3 same	
IS (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
<u>`</u>		SEGGIATI NO.	THRIDENET	TOPRING HOSP	TYX7
	18. 420.1	CAUSE	OF DEATH		DNSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Y A41/0	0.0.2.0.0		2 2 2 2
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase,	CARDIAL INF	HICELION	3 DAYS
	ANTECEDENT CAUSES				
Z	11		betes mel	LITUS	5 Y125.
ATION	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING 'UNDERLYING CONDITION LAST.	THE DUE TD			4 3, 1
CA	GNDERETING CONDITION EAST.	(C)		•••••	
RTIFIC					
ER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELA	TED			
U	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	PATION		20. AUTOPSY?
AL	TODAY OF STERMINORY TODAY	K TINDINGS OF OLEK			YES NO
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hom	_ACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,	n or 21c. WHERE DID (I	f in Baltimore City, gi	ve exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY	WHILE AT NOT WHILE			
	22. I hereby certify that I attended th		2-7 1950 to 1	2-23,1950,	that I last saw th
	deceased alive on 12-23, 19 22			he causes and on the	
	23A. SIGNATURE	2	38. ADDRESS		23c. DATE SIGNED
_	HORON Stolus	м. р.	CHE JOHNS HOPKI		
	4A. BUBIAL, CREMA- ON, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town, o	or county) (State)
	CARRAL INCOME	THE PERSON	2001	dida (no

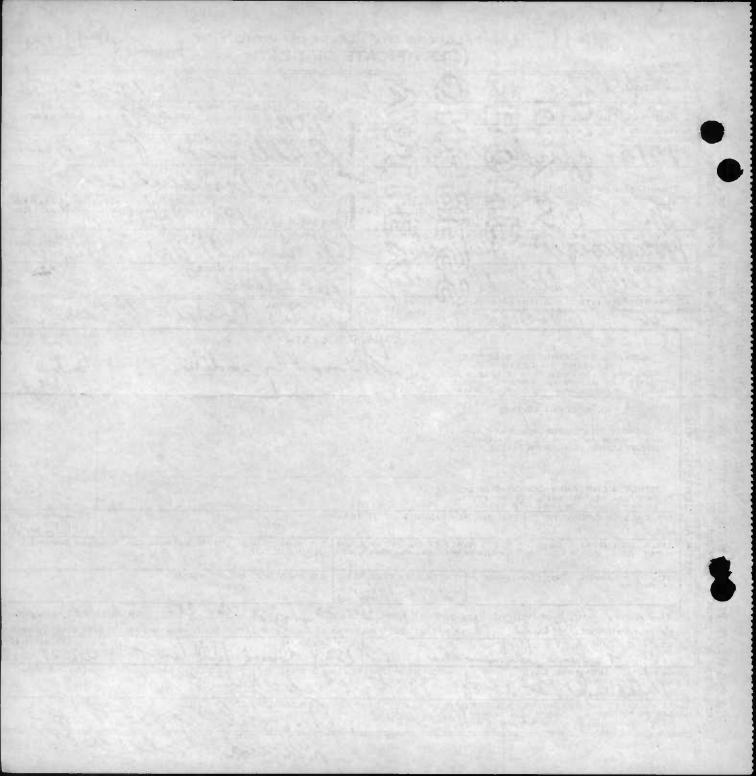
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N	1425		
44	50-11077 BALTIMORE CITY H	EALTH DEPARTMENT	50-11077
The	BIRTH NO. CERTIFICAT	E OF DEATH	Registered No.
	1. NAME OF DECEASED MOSES W,	ISON	2. DATE December 23 DEATH 1950
upplied.	a. Baltimore City, Maryland 27 7, Loany St. B. FULL NAME OF (If not in hospital or institution, give street address of	A. STATE	nerc deceased lived, If institution; residence B. COUNTY before admission)
Ily s	INSTITUTION GOOD SAMARITAN HOME location		utside corporate limits, write RURAL and give township)
and legib y.	c. Length of stay in Baltimore 55 Years Days	1200 Marril	Tral, give location)
	5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH	9. AGE (In years Il Under 1 Year Il Under 24 llours Hours Months: Days Hours Min.
rmation should death clearly an	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or for	eign country) 12. CITIZEN OF WHAT COUNTRY?
information of death cl	13. FATHER'S NAME	14. MOTHERS MAIDEN NAM	ME
nform of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	27. INFORMANT	va de la constantina della con
of in	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Julia Italian	-1130 Stocked let.
cau		OF DEATH	INTERVAL BETWEEN ONSET AND OFATH
>-	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	CHADIAL Dese	nenation ?
Ever	injury or complication which caused death.) OUE TO	_ // //	
INK.	Z DISEASES OR CONDITIONS, IF ANY, GIVING	eriuscleratic Ha	and Disease?
VG I	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON-	enalizED Ar	eTerrischenwis?
NF/ hysi	TRIBUTING TO THE CEATH, BUT NOT RELATED	ty + Hupentra	phic Arethretis?
Inpel	TO THE DISEASE OR CONDITION CAUSING IT.	RATION	20. AUTOPSY?
WITH rtant.	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg		in Baltimore City, give exact location)
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!		OCCUR?
al.	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
TE PL.	22. I hereby certify that I attended the deceased from Oc deceased alive on Dec 23, 1950, and that death occur	1. berl, 1950, to De	c. 23, 1950, that I last saw the
2 02	23A. SIGNATURE	23B. ADDRESS	e causes and on the date stated above,
PLEASE WI	Melling M. O. 24c. NAME OF SEMET	ERY OR CREMATORY 240	CATIGN (City, town, or county) (State)
SASI ect	Juna 12/27/50 mt. Cubu	m /3a	etimore
PLI	DATE RECEIVED BY LOCAL REGISTRAR S SIGNATURE	Hm. a. Justien	916 lengs are
	VS 150		93)



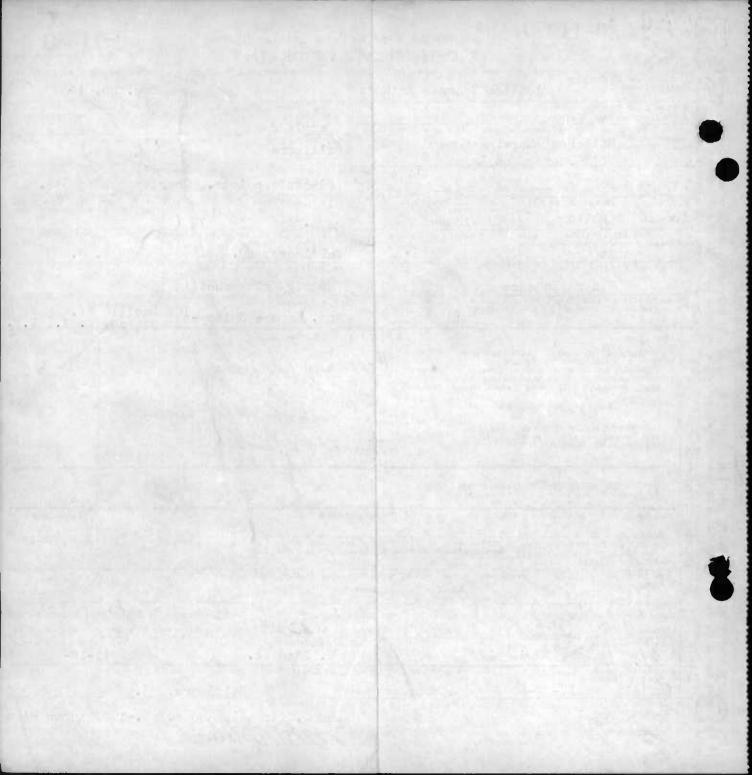


50-44000

0	CERTIFICAT	E OF DEATH Registered No	ringn		
The	BIRTH NO.				
.pg	1. NAME OF DECEASED (Type or Print) Adaline Schanze Arthurs	2. DATE OF DEC. 26	, 1950		
pplied	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst. A. STATE B. COUNTY	itution : residence before admission)		
3	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR TIS 3 and 1 Name of		mid., DIIDAY		
Ally y.	INSTITUTION Hillcrest Nursing Home 212 Stoney Run Lane	E. CITY OR TOWN (If outside corporar limits, w	township)		
yldi	life Yrs.	D. STREET ADDRESS (If rural, give location)			
leg	c. Length of stay in Baltimore Mos. Days	Blackstone Apts., Charles & 3:	3rd Sts.		
p pu	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under last birthday) Months	1 Year If Under 24 Hours		
should be calearly and legic	female white widowed	Sept. 14 78 (?)	Duys Hours Mill.		
sho	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF		
cles	none	Baltimore, Md. U.	. S.		
th	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
information should of death clearly	Albert Schanze	Hedwig Wattensheit			
nfo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	Mrs. Lenore White 104 Lucille	RESS		
of i	02001117 110.	Mrs. Lenora White - 104 Lucille Hempstead.	L. T. N.Y.		
	18. 42011 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
iter e c	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH		
th		onary (URombosis	72 aus		
Every item write the cau	heart failure, asthenia, etc. It means the disease,				
WI	ANTECEDENT CAUSES				
K.	Z (B)	Eurolestu Klent driem			
INK.	DISEASES OR CONDITIONS, IF ANY, GIVING				
£ .:	UNDERLYING CONDITION LAST.	al Failure			
ADING icians:					
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON-				
NA	TRIBUTING TO THE DEATH, BUT NOT RELATED				
Day	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?		
WITH rtant.	V		YES NO		
WITE rtant.	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c. g.,		exact location)		
100	LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., CAUSE OF DEATH	MOON FOCCOM			
4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ZED 21F. HOW DID INJURY OCCUR?			
	m. WHILE AT NOT WHILE AT WORK AT WORK				
re PL especia	22. I hereby certify that I attended the deceased from B.		hat I last saw the		
Spe	deceased alive on the 20, 1950, and that death occu				
RIT is e			3c. DATE SIGNED		
	Menland Edward Day M. B.		2-26-50		
DO I		ERY OR CREMATORY 24D. LOCATION (City, town, or			
CO	burial 12-27-50 Loudon Park	Baltimore, Md.			
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS		
E 8	DEC 271950 Tunte for Williams 18	John O.Mitchell, & Sons, Inc 1900	Eutaw Plac		
0	PLO TI 1990 LANGUE LIVER SOUTH TO	mm matchell			

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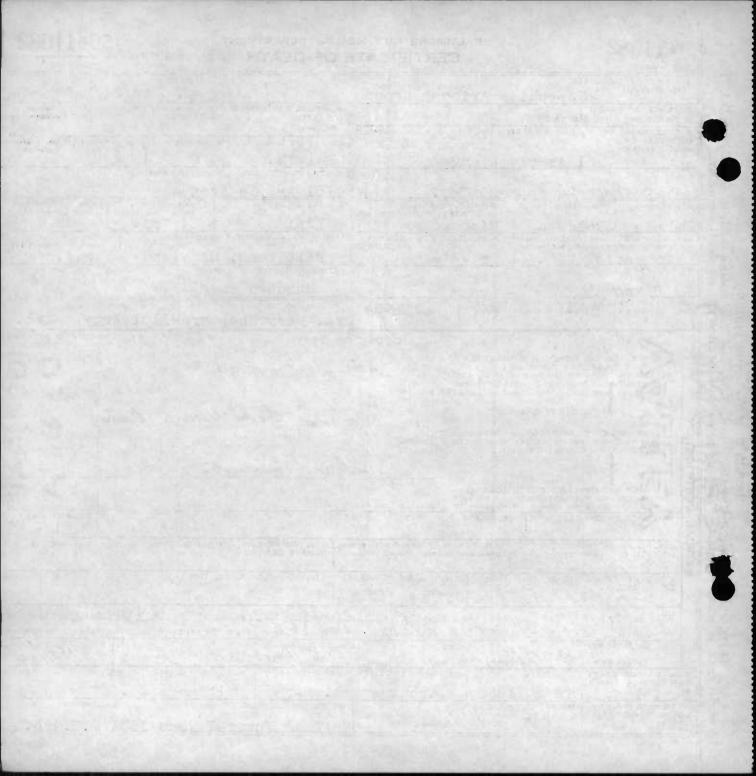
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7	650
	50-11082
Che	BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50-11082

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	2. DATE OF 3.0/94/3.050					
Josephine Arizona Green	DEATH 12/24/1930					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	Maryland c. CITY OR TOWN (If outside corporate lights) write RVRAL and give ownship)					
60 1101 Argyle Avenue	Baltimore					
Yrs,	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore 20 Yrs. Mos. Days	1101 Argyle Avenue					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 11 Under I Year 11 Under 24 Hours last birthday) Months; Days Hours Min.					
Female Colored Widowed	8/13/1866 84 Yrs.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Domestic Private	Baltimore, Maryland U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Unknown	Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS					
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Mary Sheppard-1101 Argyle Ave.					
18. LLTV CAUSE	OF DEATH INTERVAL BETWEEN					
	ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ad blommelines					
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES 1/	+ : 1 15-11 1 1 ·					
O DISEASES OR CONDITIONS, IF ANY, GIVING	nterior Cardio Vorcelas Assis					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						
UNDERLYING CONDITION LAST.	0. ne					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. U II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	hus Brunselmonis					
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?					
	YES NO					
V 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in about bome, farm, factory, etreet, office bldg., e	nor 21C. WHERE DID (If in Baltimore City, give exact location)					
1 E						
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from						
						38. ADDRESS 23c. DATE SIGNED
					Simm A Certification M.D.	1715 Just Are. 197/10
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burial 12/28/1950 Arbutus M	em. Park Baltimore Co.					
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
LOGAL REGISTRAR						
DEO TI 1000	Holland Funeral Home-1631 D.H.Ave.					



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FOI	ry ite	the
RVED	Eve	write
RESE	INK.	please
MARGIN RESERVED FOR BINDING	WITH UNFADING INK. Every item of information should be cally supplied	correct age is especial trant. Physicians: please write the causes of death clearly and legibly.
	WITH	rtant.
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	SE	et ag
	PLEASE WRITE PLA	corre

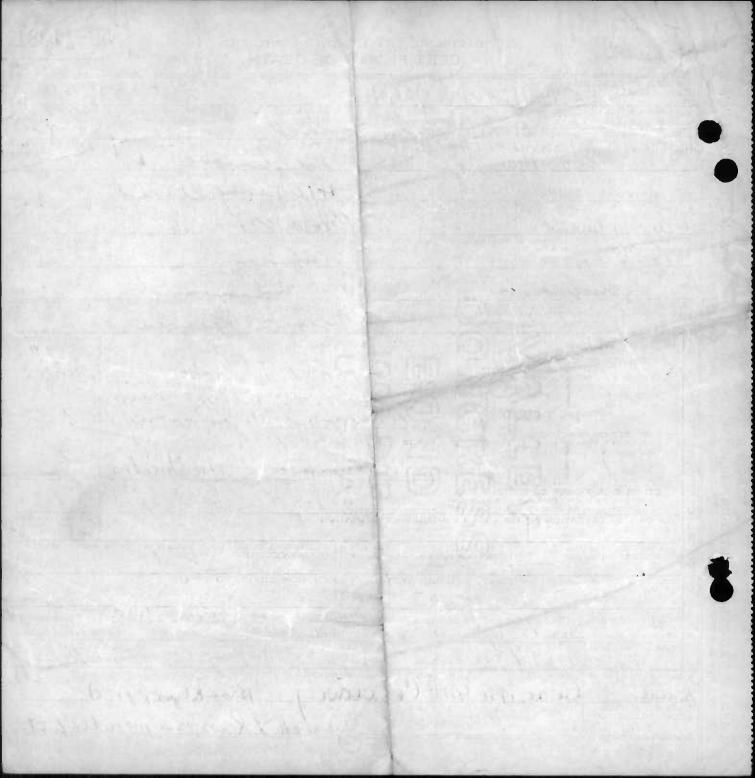
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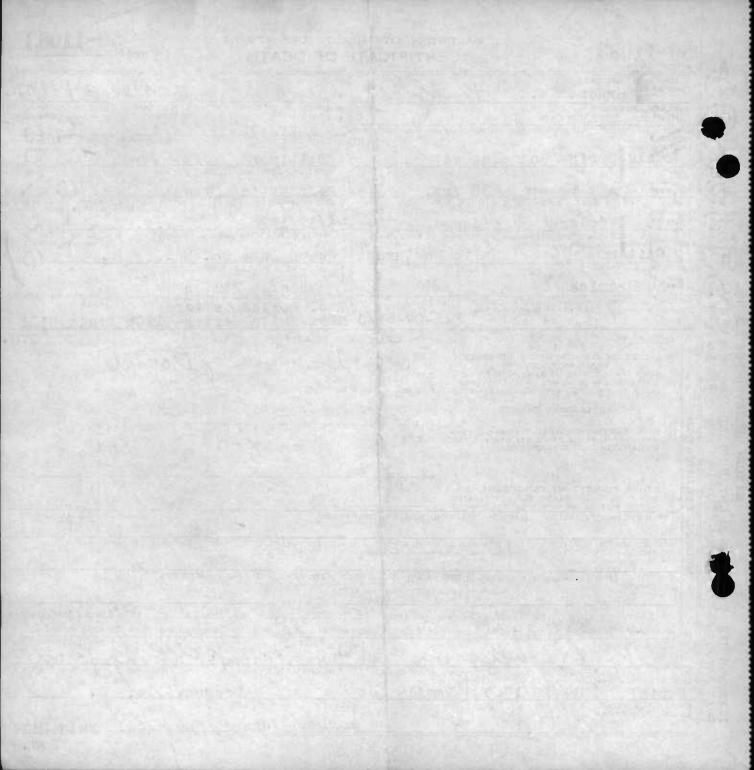
BALTIMORE CITY HEALTH DEPARTMENT

50-11081

P	U-11U81 BIRTH NO.	CERTIFICATE OF DEAT	H Registered No.				
=	1. NAME OF DECEASED (Type or Print)	Wilson	2. DATE DECENOF DEATH	bere 15			
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDI	ENCE (Where deceased lived, If inst	itution : residence before dmission)			
-11	B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION GOOD SAMARITA	on, give street address or c. CITY OR TOWN	(If outside corporate limits, w	rité INTAL and give township)			
-	AND HOSPITA	Yrs. O. STREET ADDRE	ESS (If rural, give location)				
	c. Length of stay in Baltimore	Days	my Street				
	male bulance	MARRIED. ED.DIVORCED (Specify)	9. AGE (In years H Under Month	Days Hours Min.			
-	10A. USUAL OCCUPATION (Give kind of vork done dring post of working life, even if retired)	OF BUSINESS OR II. BIRTHPLACE (S	State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME	14. MOTHER'S MA	IDEN NAME	V			
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL 17. INFORMANT	ADDI	ree			
1	(Yes, no or unknowu) (If yes, give war or dates of service)	SECURITY NO. Horbits	I Records	(1233			
	18. 415×	CAUSE OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	. Caonary 1	Trenhases	36600			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.			20-1113			
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OPERATE OF THE						
	Generalised Pheumatoid Arthritis						
	OTHER SIGNIFICANT CONDITIONS CON.						
	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						
0.00	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give example of the bldg., etc.)						
	210. TIME (Month) (Day) (Year) (Hour) 2						
	In. WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from I hounky 1, 1950, to December, 1950, that I last saw the						
	deceased alive on Dec 15, 1950, and that death occurred ali 35 Pm., from the causes and on the date stated above 23A. SIGNATURE 23A. SIGNATURE 23C. DATE SIGNED						
-	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. COCATION (City, town, or county) (State)						
1	Barial Lie 20, 1950 H	Mt Calabary RE 25. FUNERAL DIR	Branklyer, 117	DDRESS			
	LOCAL REGISTRAR	Jaseph &	Russ 1200 meeu	11 1 1			



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or PrintErnest OF W. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryl and HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL, and give INSTITUTION Cold Spring Convalescent Home Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2415 Etting Street c. Length of stay in Baltimore Yrs. Days information should be 5. SEX 6. COLOR OR RACE ! 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Male Colored Widowed 4/17/1893 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Waiter Public Resturant Queen Anne Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hadrick Sedalia Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Mrs Formertha Carter-ADDRESS (Yes, no or unknown) | 2-07-3733 Miss Anita Carter- 1205 Druid of Every item write the cau CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE TE PLA especial AT WARK 22. I hereby certify that I attended the deceased from Mor. 2 that I last saw the WRITE - 1950, and that death occurred at deceased alive on m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D LOCATION (City, town or equnty) PLEASE TION, REMOVAL (Specify) 28/1950 Family Lot Grasonvil d. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR with for Millaille, M. #olland Funeral Home-1631 VS 150 784 6M Ave.



P	BI	baltimore city he certificati		Registered No.	-11084
. The		NAME OF DECEASED (ype or Print) EMMA PRICE		2. DATE OF DEATH Decemb	er 23, 1950
plied.	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Wh. A. STATE Maryland	ere deceased lived. If inst B. COUNTY	itution: residence before admission)
ly '	HOSPITAL OR location) INSTITUTION Provident Hospital		II.	atside corporate limits, w	rite RURAL and give township)
gibly.		Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If ru 1925 Kelly		
information should be car sof death clearly and legibly.		SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)		9. AGE (In years last birthday) Months	B Days Hours Min.
should arly a		AA. USUAL OCCUPATION (Give kind of k done during most of working life, even if tetired) 10B. KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLAGE (State or fore		CITIZEN OF WHAT COUNTRY?
ation th cle	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	D. CO	EHMAN
nform of dea	15 (Ye	5. WAS OCEASED EVER IN U.S. ARMED FORCES? a, no or unknown) (If yea, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDE	RESS
item of ir			OF DEATH	J ruco	INTERVAL BETWEEN ONSET AND DEATH
Every ite write the		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	osclerotic cardiov	ascular disea	se
IG INK.	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)			
UNFADING Physicians: p	RTIFIC	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONCITION CAUSING IT.			
H	L CE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
WITH portant.	DICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.		in Baltimore City, give	exact location)
dini y	ME	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK		OCCUR?	
TTE PLA especially		22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes	Inquiry, find that said dec	eased died on the o	lay stated above,
E WRITE	24	44 BURIAL CREMA-1 248 DATE 124C NAME OF CEMETE	238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX .D. MEDICAL INVESTIGATOR	AMINER	27, 1950
PLEASE correct ag	- D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	- 1	andeles	DORESS had

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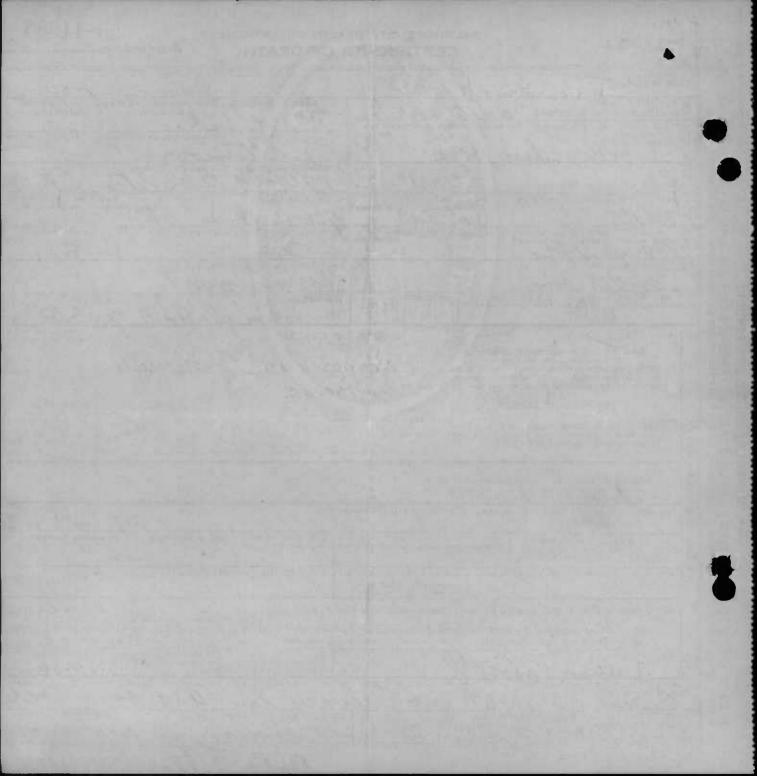
ADDRESS ONSET AND DEATH Lerrosclerodie Cardinuascular 20. AUTOPSYT (If in Baltimore City, give exact location) thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 24D. LOCATION (City, town, or county) REMOVAL (Specify 25. FUNERAL DIRECTOR DATE RECEIVED BY DEC 27 950 VS 151

50-11085

12. CITIZEN OF

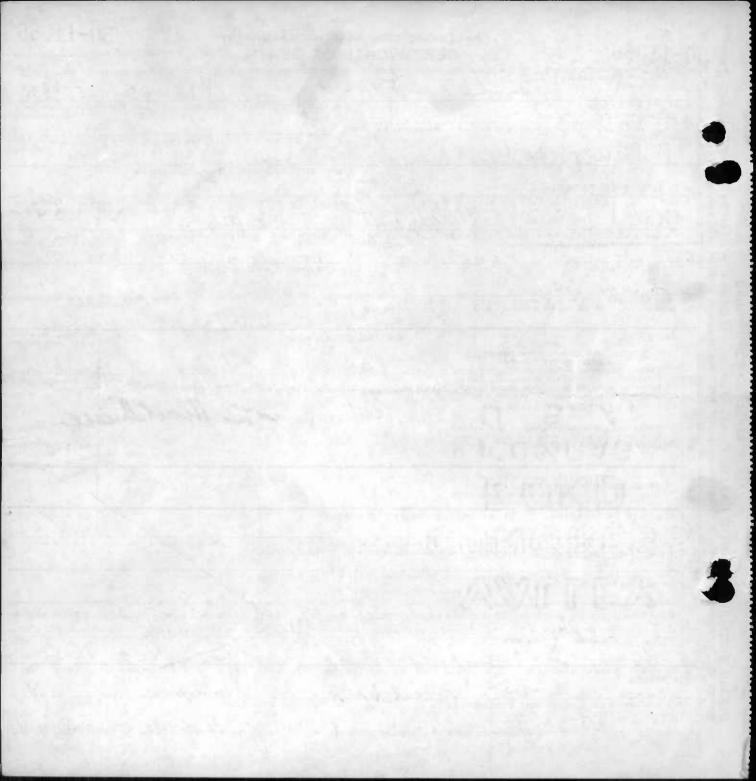
WHAT COUNTRY?

before admission)



MARGIN RESERVED FOR BINDING

			BAI	LTIMORE CITY HE	ALTH DEPART	MENT	50-11086	
50	-11086			CERTIFICATI				
	1. NAME OF DECEASED EGLBERT FING			CH	2. DATE OF DEATH D	EC. 25 1957		
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bulks Luy Luy			4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission Anne Ar-your				
В.								
1 7	Yrs.				ESS (If rural, give locatio	n)		
C.	c. Length of stay in Baltimore Mos.				, ,	5200		
5.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED. DIVERCED (Specify)			B. DATE OF BIRTH				
	Male	while	U	Tidowill	December 2.) Months Days Hours Min	
TO WOT!	DA. USUAL OCC	UPATION (Give kind of working life, even if retired)	10B. KINI	OF BUSINESS OR	11. BIRTHPLACE	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY	
		Helper (1-et.)	Elec	tric R.R.	Anne A	rundel Co.	4.5.4.	
13	13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME			
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(Ye	m, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO:	17. INFORMANT	20/1/	ADDRESS	
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	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
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	OF MOUNT		m.	WHILE AT NOT WHILE		- 40		
	22. I hereby certify that I attended the deceased from Dec. 24, 1950, to Occ. 25, 1950, that I last saw the							
	deceased ali	ve on dec. 25	, 1950.	and that death occur	red at 1:35 qm.	, from the causes and	on the datc stated abov	
	23A. SIGNATURE 23C. DAT					23c. DATE SIGNED		
2.	4A. BURIAL, C	REMA: 24B. DATE	aca	24c. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (City)	11 1	
TI	ON, REMOVAL (SI	/2-プ7・		/ .		Anne Arund	110- 111	
D.	ATE RECEIVED	BY REGISTRAR		JRE JRE	25. FUNERAL DIR		ADDRESS	
-	DEC 271	950 1	- KII.	a : 11 / 11 **	RIA Sin	g'leton. (len Burnia M	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 0-11087

BI	RIH NO.					
	NAME OF DECEASED ANNO M M.II.o.	S	2. DATE OF DEATH	15-50		
	PLACE OF DEATH: Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (W		stitution : residence before admission)		
H	FULL NAME OF (If not in hospital or institution, give street addless o location STITUTION		outside corporate limits,	write RURAL and give		
0	3200 Bataria Ara	13017	0. 7	7-0 Swnshlp)		
c.	Length of stay in Baltimore hate Mos. Days	1 . 0	rural, give location)	Av		
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify	8. DATE OF BIRTH		nder I Year If Under 24 Hours the Days Hours Min.		
10	A USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BITTHPLACE (State or fo	reign country) 1	2. CITIZEN OF		
	dose during mestof working life, even if retired) A+ Hom	Balt	0	WHAT COUNTRY?		
13	PATHER'S NAME	14. MOTHER'S MAIDEN NA	0	Scharint		
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL pop unknown) (If you, give war or dates of service) SECURITY NO.	17. INFORMANT		SCHMIDT		
	No None	Nohn M. Mille	× 3900 /			
	DISEASE OR CONDITION DIRECTLY	OF DEATH		ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	brone Myocan	lual	a mumbre		
	injury or complication which caused death.) DUE TO	O Trou	fficiency.	of years		
z	ANTECEDENT CAUSES	eneral arterio	Seleviores			
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		7	uncertain		
FICA	(C)					
ERTI	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?		
EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give					
MEDI						
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE					
	m. WORK AT WORK					
	22. I hereby certify that I attended the deceased from 1949, to 200 34, 1950, that I last saw the deceased alive on 200 34, 1950, and that death occurred at 1157 m., from the causes and on the date stated above.					
	23A. SIGNATURE	23B. ADDRESS	1 St 1	23C. DATE SIGNED		
	M. D. A. BURIAL, CREMA- 245 DATE 24C. NAME OF CEMETI N. REMOVAL (Specify)		OCATION (City, town, or	r county) (State)		
	BURIAL DEC 281950 HOLY RED		O BELAIR IS			
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS		

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MARGIN	UNFADING	Physicians:
1	WITH	important.
	RITE PL	is especially

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J-	1	527	CERTIFICATE OF DEATH Registered No. 0-11080			1-11022
The (5	Пн 1.1.088	CERTIFICATE	E OF DEATH	Registered No.	, YT000
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plied.		PLACE OF DEATH:	or porc		DEATH Decre deceased lived. If insti	36-50
dd		Baltimore City, Maryland FULL NAME OF (If not in hospital or ins	titution, give street address or	A. STATE	B. COUNTY	before admission)
DI D	H	DSPITAL OR	location)	C. CITY OR TOWN (If ou	tside corporate limits, wr	
uly.	0	3000 Kei		15alta) 10°	townshlp)
legibly.		Length of stay in Baltimore	TE VVC Mos.	D. STREET ADDRESS (If rui	al, give location)	
nd b		SEX 6. COLOR OR RACE 7. SIN	GLE, MARRIED.	B. DATE OF BIRTH	AGE (n years I Under	1 Year If Onder 24 Hours
		Male White	VI AOW &	Nov H 1845	ast birthday) Months	Days Hours Min.
shou	work	A. USUAL OCCUPATION (Give kind of 108. K. done during most of working life, even if writed)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country) 12.	CITIZEN OF WHAT COUNTRY?
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information of death cl	13	TATHER'S NAME		14. MOTHER'S MAIDEN NAM	2	
for f de	15	. WAS DECEASED EVER IN U. S. ARMED FORCE	ST 16. SOCIAL	17. INFORMANT	•	
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Ever		injury or complication which caused d	eath.) DUE TO	La a a a B	1 P-0.0.	Septilor
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NG 18:		UNDERLYING CONDITION LAST.	(C)			
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UNFADING Physicians:	ш	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE		weathern - he	al facture	I well -
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WITH rtant.	SAL				THE HERE	YES NO
WITI ortant.	EDIC	LYING OR CONTRIBUTING about he	PLACE OF INJURY (e. g., in ome, farm, factory, street, office bldg., et	or 21c, WHERE DID (If i	n Baltimore City, give	exact location)
lum	Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY C	CCUR?	
E		OF INJURY	WHILE AT NOT WHILE			
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TE		deceased alive on les 24, 195	and that death occur	red at S.A. m., from the	eauses and on the d	ate stated above.
/RI is		23A. SIGNATURE	23	3B. ADDRESS 722 710 - 1601		C. DATE SIGNED
age	24	AA. BURIAL, CREMA- 24B, DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETER		ATION (City, town, or ed	ounty) (State)
AS		BURIAL DEC 29 1932	HOLY CROSS	P. N.C. CEM. GER	MANY HILL	RB. MU.
PLEASE WRITE correct age is est	DA	TE RECEIVED BY REGISTRAR'S SIGN	ATURE	25. FUNERAL DIRECTOR	AD	DRESS
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		VS 150	- All Compliants	V		518
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Dr Krunrain 722 N. Lake nood Ave STATE OF STREET STATE OF COMME

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12. CITIZEN OF

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LOCAL REGISTRAR

age PLEASE BURIAL. CREMA-24C, NAME OF CEMETER 240 LOCATION Leity, town, or count TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Nov- Milliance, A

50-11091

12. CITIZEN OF

ADDRESS

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Dec.

before admission)

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The A	U B	BALTIMORE CITY HEALTH DEPARTMENT 50-11092 IRTH NO. CERTIFICATE OF DEATH Registered No.
ca ally mplied.	3. A. B. H.	NAME OF DECEASED Type or Print) PLACE OF DEATH: Baltimore, City, Maryland PULL NAME OF OF Maryland PULL NAME OF OSPITAL OR INSTITUTION PASSITITUTION PA
DING nformation shoul of death clearly	13	DA. USUAL OCCUPATION (Give kind of k done during most of working Mo. even if retired) 10B. KIND OF BISINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SECURITY NO. 17. INFORMANT ADDRESS ADDRESS
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WRITE PL	M	210. TIME (Month) (Day) (Year) (Hour) OF INJURY m. WHILE AT WORK 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR?

PLEASE correct ag

DATE RECEIVED BY

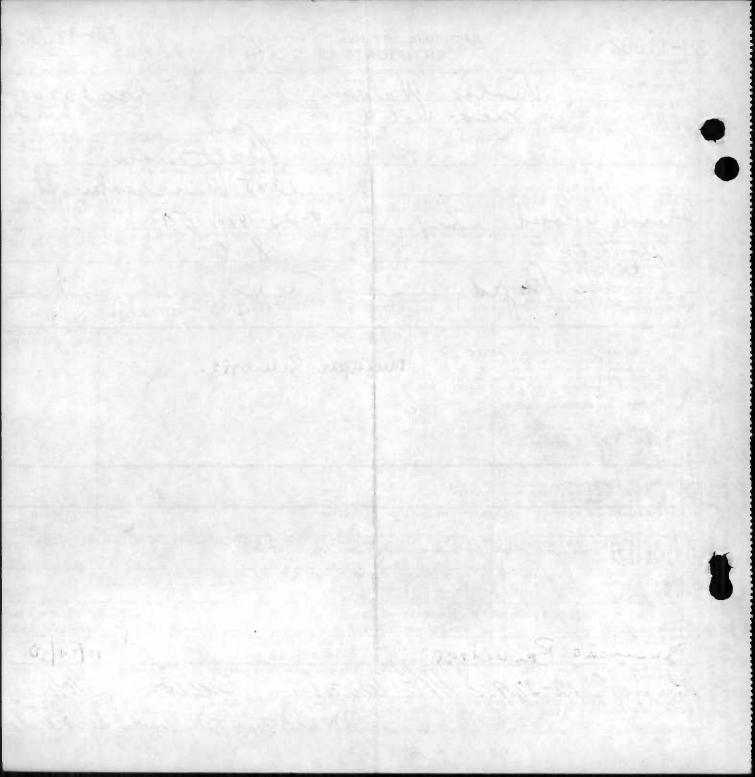
LOCAL REGISTRAR

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REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR



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り ₅)-		CITY HEALTH DEPARTMENT FICATE OF DEATH Registered I	50-11093 No
	1.	. NAME OF DECEASED	eeler 2. Date of DEATH 12/3	26/50
pplied.	Α.	Baltimore City, Maryland Baltimor	4. USUAL RESIDENCE (Where deceased live), If A. STATE D. COUNTY	institution : residence before admission
ally,	H	SPULL NAME OF (If not in hospital or institution, give street OSPITAL OR NSTRUTION (FRUETG)	c. CITY/DR TOWN (If outside corporate limit	
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ion shou	T	reasurer Bank Stations	Baltimore.	12. CITIZEN OF WHAT COUNTRY
NDING information s of death cle		Richard Beeler	Sallie Maston	
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לז	CATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		,
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VRIT is e		23A. Clillons C. Verrone M. I	23B. ADDRESS	23c. DATE SIGNED
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PLEASE WRITE correct age is esp		Burial 12/29/50 Lorrain ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	me Cem. Woodlawn, Md.	ADDRESS
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	leg		Length of stay in Baltimore
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	cion h cl	13	FATHER'S NAME
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Z	f in	(Ye	n, no or unknown) (If yes, give war or da
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	E P		22. I hereby certify that I as
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	EASE WRITE		Olan M. C.
	age	24	
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- 7	Longle	/		0_44004
		TH DEPARTMENT	Registered No.	0-11094
i NO.	CERTIFICATE	OF DEATH	Registered No.	
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or Print) LONGLEY Enge	enia		DEATH Dec.	27.1950
Itimore City, Maryland		. USUAL RESIDENCE (W. STATE	here deceased lived. If ins B. COUNTY	stitution: residence before admission)
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ITAL OR TUTION	location) c	CITY OR TOWN (If	outside corporate limits,	write RVRAL and give township)
ranklin Square H	ospetal	Battimore	. 16	township)
0.	Yrs. D Mos.	.STREET ADDRESS (If r	ural, give location)	- /
ngth of stay in Baltimore	Days Days	1024 Poplar	troue	57.
	. MARRIED. 8. ED, DIVORCED (Specify)	DATE OF BIRTA	9. AGE (In years) Hun	dei l Year It Under 24 Hours lis: Days Hours: Min.
nale white ma	. ()	me 11, 1885	65	Days Hours Mill.
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Housewille 26	me	maryland		WHAT COUNTRY?
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albert Contract		Lina was	thing tou	
S DECEASED EVER IN U. S. ARMED FORCES? or unknown) (If yes, give war or dates of service)	16. SOCIAL 17	7. INFORMANT		RESS
no -	SECURITY NO.	HARLES W. LOA	VELEX 1024 Po	LAZ Grave
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П	(c) Celleus	geterous W.	iary during	undel
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE				
TO THE DISEASE OR CONDITION CAUSING IT	Τ			
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A. ACCIDENT, SUICIDE, 218. PLA	CE OF INJURY (e. g., in or	21c. WHERE DID (J	in Baltimore City, giv	
OMICIDE (Specify) about home, for	arm, factory, street, office bldg., etc.)	INJURY OCCUR?		
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	WORK AT WORK			
I hereby certify that I attended the			, 19,	
ceased alive on 19	and that death occurred	d at m_{\bullet} , from the	e eauses and on the	date stated above.

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21D. TIME (Month) (Day) (Yea

22. I hereby certify that I as

24c. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

23c. DATE SIGNED

BURIAL, CREMA-REMOVAL (Specify) 24B. DATE 12.29.50

WesTern

and that death occurred at____

2 D. LOCATION (City, town, or county)

_m., from the eauses and on the date stated above.

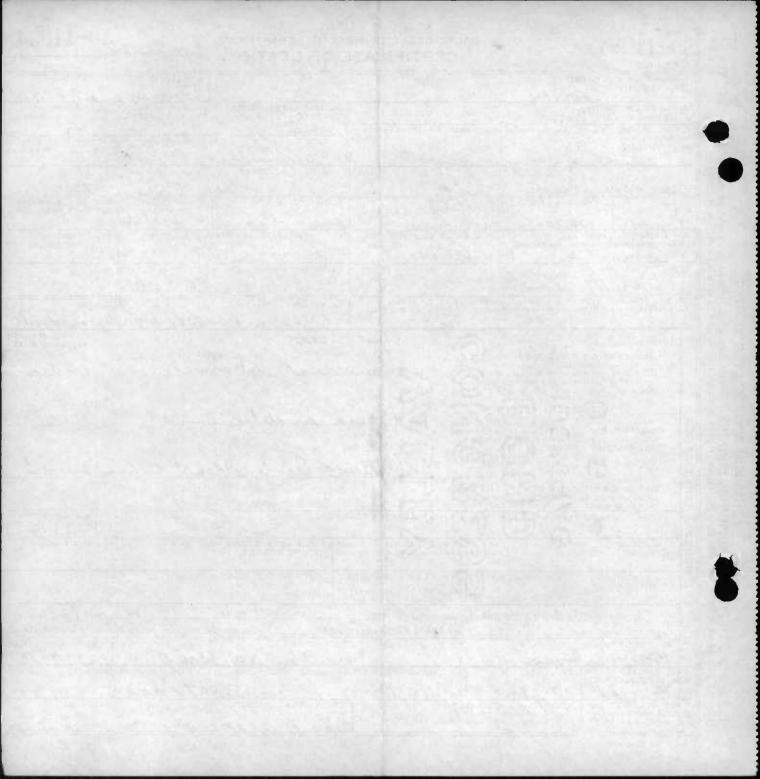
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

IMORO ADDRESS

Thrusting ton / Milianis, M. .

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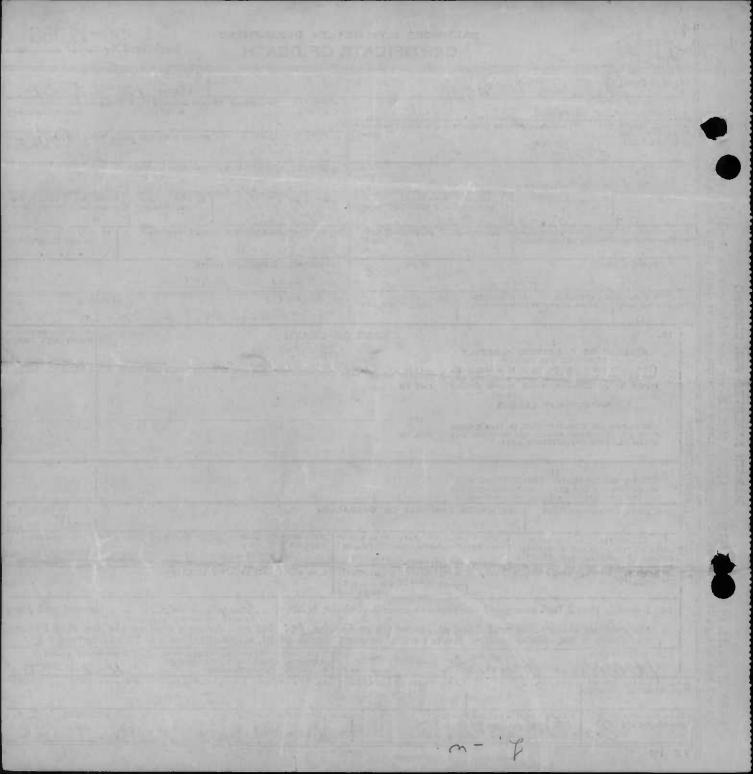
Cooper

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11095

BIR	TH NO.	
1. N	AME OF DECEASED	2. DATE
	Nora Gotter	DEATH NRE 26-145
	LACE OF DEATH: Caltimore City, Maryland Gallo Colly -	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admissional deceased lived before admissional deceased lived.
B. F	ULL NAME OF (If not in hospital or institution, give street a dress or	627 M. Sprus Sh Bellia
HOS	PITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and g
1	0 627 h. Spuie 5	5-0 townsh
	Yrs.	D. STREET ADDRESS (lf.rural, give location)
c. I	ength of stay in Baltimore Sull Mos. Days	6 27 M. Spains Sh Bulton
5. S	EX 6. COLOR OF RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE (In years I Under 1 Year 11 Under 24 H
	Faul calcul WIDOWED, DIVORGED (Specify)	last birthday) Months Days Hours M
10A	USUAL OCCUPATION (Givekinder) 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork d	one during most of working life, even if retired) INDUSTRY	Batte alla WHAT COUNTY
13,	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	10000	1 I I I I I I I I I I I I I I I I I I I
15	WAS DESEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	month
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	8. 410x , CAUSE (OF DEATH INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY	1 - 10
	(This does not mean the mode of dying, e.g., (A)	And mandie en
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
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2	DISEASES OR CONDITIONS, IF ANY, GIVING	
-	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
2	and the state of t	niel Ocherssis
	II (c) Will	respectives
T K	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
U _	TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
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	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	
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	21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED INJURY	ED 21F. HOW DID INJURY OCCUR?
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	22. I hereby certify that I attended the deceased from I !-	- 5 ,195 , to 12 - 25 , 1960, that I last saw
	deceased alive on 12-23, 1917, and that death occur	red at 6 2 m., from the causes and on the date stated abo
		38. ADDRESS 23c. DATE SIGN
	& Bdw ard Tisker M.D. 1	1611 & Monument 5-12-16/3
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correct age is especially	important.	Physicians: please	write the causes of death clearly and legibly.
T) D L	MEDICAL	MEDICAL CERTIFICATION	BI 1. (T 3. A. B. HIX 11. T 1.

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I	BIRTH NO.
l	1. NAME OF DEC

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11097 Registered No.

1. NAME OF DECEASED (Type or Print) FRANK MROZINSKI 3. PLACE OF DEATH: A. USUAL RESIDENCE (Where deceased lived. If institute that the property of the print) A. USUAL RESIDENCE (Where deceased lived. If institute that the print) A. USUAL RESIDENCE (Where deceased lived. If institute that the print) A. USUAL RESIDENCE (Where deceased lived. If institute that the print) A. USUAL RESIDENCE (Where deceased lived. If institute that the print) A. USUAL RESIDENCE (Where deceased lived. If institute that the print) A. USUAL RESIDENCE (Where deceased lived. If institute that the print) A. USUAL RESIDENCE (Where deceased lived. If institute that the print) A. USUAL RESIDENCE (Where deceased lived. If institute that the print) A. USUAL RESIDENCE (Where deceased lived. If institute that the print) A. USUAL RESIDENCE (Where deceased lived. If institute that the print) A. USUAL RESIDENCE (Where deceased lived. If institute that the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the print) A. USUAL RESIDENCE (Where deceased lived. If institute the									EC 23	1950
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	1	JALE	WHITE	SIA	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF		9. AGE (In years last birthday) 43	If Under 1 Year Months Day	s Hours Min.
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of	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yes, give war or dates of service) SECURITY NO.				17. INFORM		HOPKINS HO	ADDRESS	
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OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION										
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CERTIFICATE OF DEATH plied. The BIRTH NO 1. NAME OF DECEASED (Type or Print) Heary 3. PLACE OF DEATH: 4. USUAL RESIDENCE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR INSTITUTION ADDRESS (If rural, give location) DISTREET c. Length of stay in Baltimore should be and 6. COLOR OR RACE SINGLE, MARRIED WIDOWED, DIVORCE havilo clearly 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINES work done durismost of working life, even if retired) information s a 13. FATHER'S NAME BINDING WAS DECOASED IV causes of item 18. FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) -RESERVED heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. NOIL (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIFICA MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS O WITH important. K DIC 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJUR HOMICIDE (Specify) about home, farm, factory, street, o Ш Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY C OF INJURY especially WORK 22. I hereby certify that I attended the deceased from PLEASE WRITE deceased alive on Bee 15, 1950, and that deat 23A. STENATURE age 24A. BURIAL, CREMA 24c. NAME OF Specify correct DATE RECEIVED BY LOCAL REGISTRAR VS 150

Registered No

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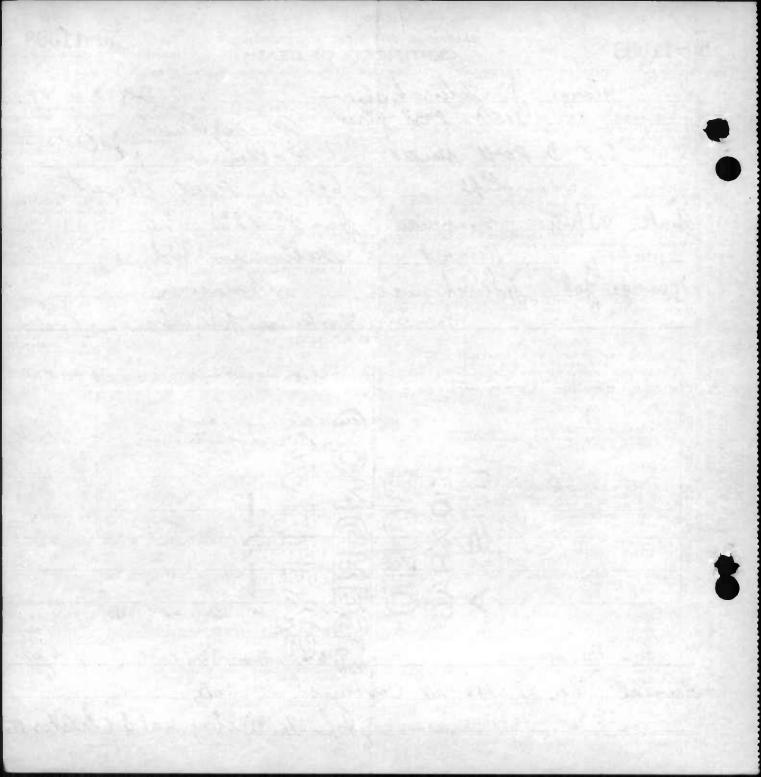
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n Dec !	1950, 1950,	on the cause	, 19 53	that I last saw the date stated above.
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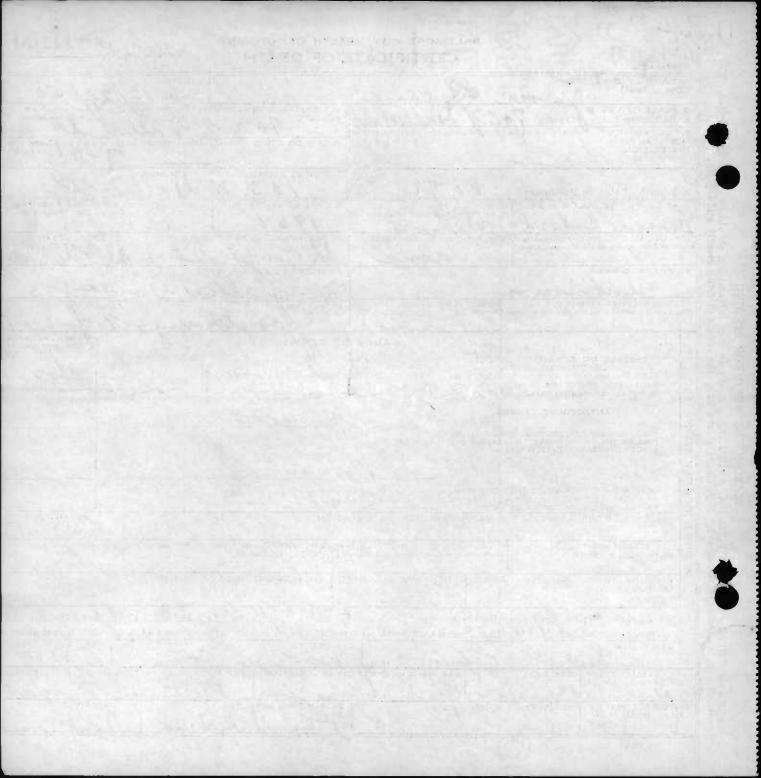
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ully	H	OSPITAL OR ISTITUTION	location)	c. CITY OR TOWN (I	outside corporate limits, w	rite RURAL and give township)
legibly.	c.	Length of stay in Baltimore	80 Vrs. Mos. Days	D. STREET ADDRESS (If a	rural, the location)	St.
ld be	5.4	SEX 6. COLOR OR RACE 7. S. W	INGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years II Und last birthday) Month	er I Year H Under 24 Hours S Days Hours Min.
on should clearly a	10 worl	k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY?
atio	13	B. FATHER'S NAME	- roma	14. MOTHER'S MIDEN NA	IME D	111/
inform of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCE on, no or unknown) (If yes, give wer or dates of serv	CES? 16. SOCIAL vice) SECURITY NO.	17. INFORMAT	ADD	RESS
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dini /	ME	21D. TIME (Month) (Day) (Year) (Hour OF INJURY			OCCUR?	
Precial		22. I hereby certify that I attended	m. WHILE AT NOT WHILE AT WORK	of 24 , 1950, to 1	V/14 1950 t	that I last saw the
WRITE PI		deceased alive on 174, 19_23A. SIGNATURE	60, and that death occur	red at 120 C. m., from the 3B. ADDRESS	ic causes and on the	date stated above.
E WJ age i	2.	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24c, NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town, or	12/27/00 covnty) (State)
PLEASE W	D.	ATE RECEIVED BY I REGISTRAT'S SIG	O Pth. aurbu	25. FUNERAL DIRECTOR	Baltimore A	Maryland DDRESS
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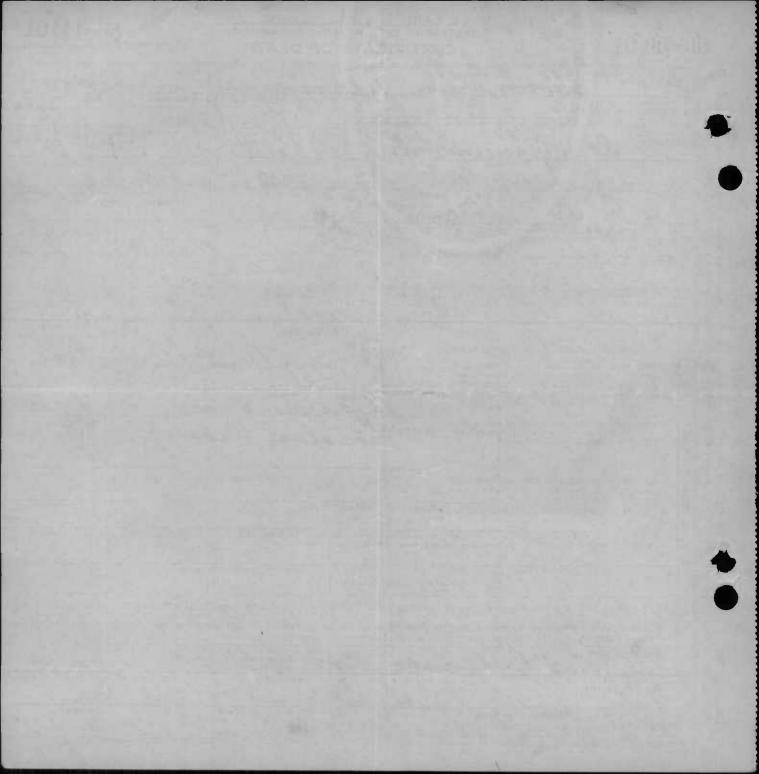


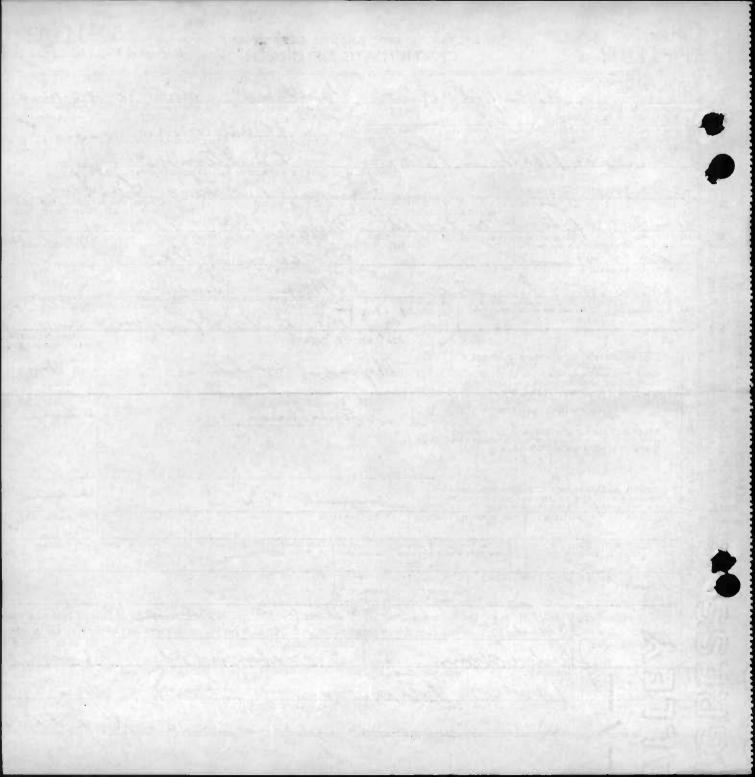
HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF 12-25 DEATH 4. USUAL RESPOENCE (Wifere deceased lived. If institution: residence 3. PLACE OF DEATH A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write HURAL and give C. CITY OR TOWN (If rural, give location) Yrs. ADDRESS legibly Mos. c. Length of state in Baltimore Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours | last birthday | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE的(Specify) 8. DATE OF BIRTH should be learly and 10A. USUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work doneduring most of working life, even if retired) asuner information s of death cle 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME BRASI PRODUCTS (M) ausmeyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war oddates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 20.1 CAUSE OF DEATH ONSET AND DEATH Every item DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)
CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT especially WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, WRITE and death in my opinion resulted from: natural causes [], aecident [], suicide [], homicide [], undetermined [] 238. CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR..... age M.D. PLEASE BURIAL, CREMA-24C. NAME OF CEMETERY CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify ADDR/ESS 25. FUNERAL DIRECTOR DATE RECEIVED BY SIGNATURE LOCAL REGISTRAR 305 hack the VS 151

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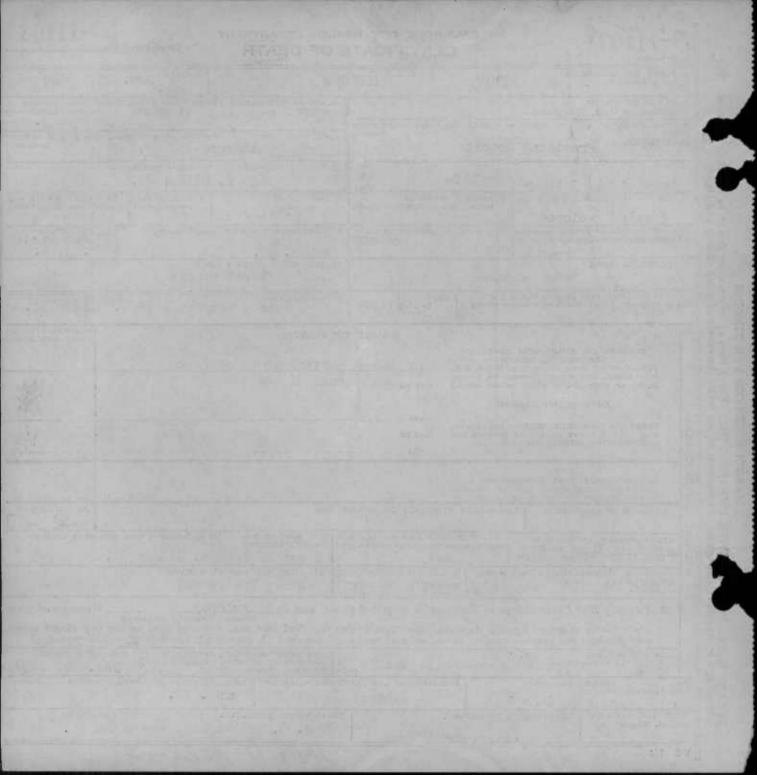


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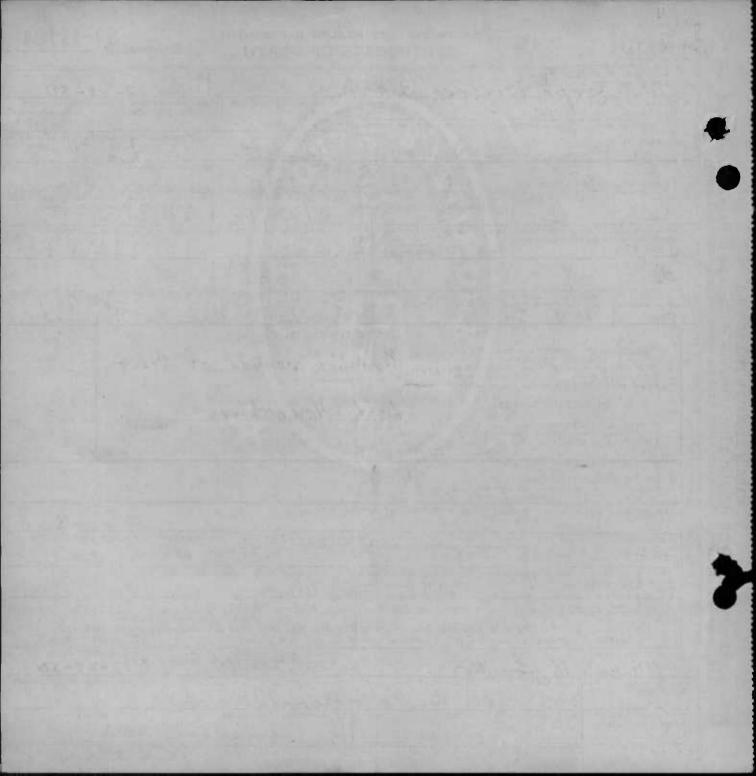
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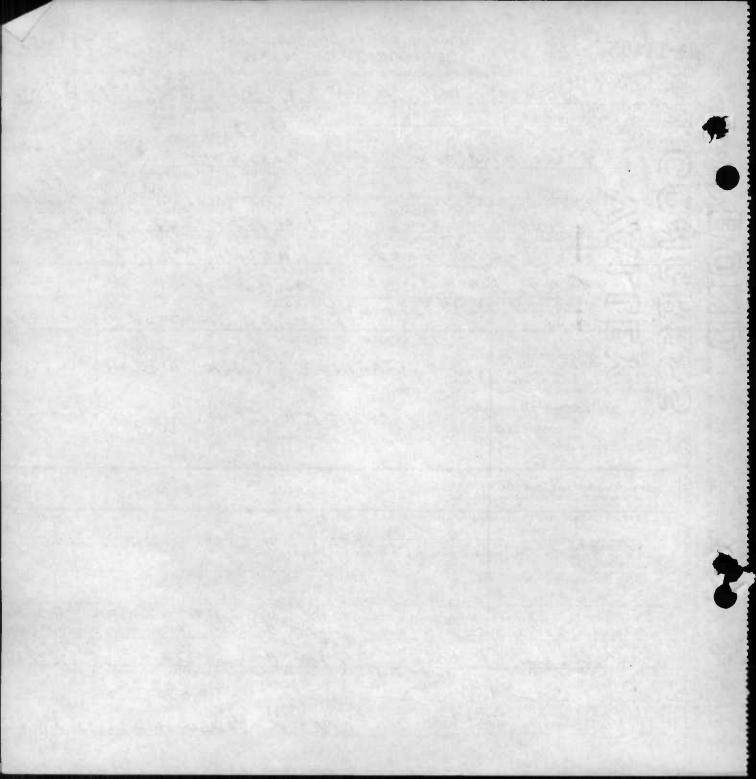
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ARGIN RESERVED FOR BIN FADING INK. Every item of sicians: please write the causes	RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fullure, asthenia, etc. It means the disease, injury or complication which caused death.)	Annie B. Deen of Ches? Hot wounds of Ches? Homo therey	INTERVAL BETWEET ONSET AND DEATH
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17	U-11105 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	-1ii05		
Th	BIRTH NO.			
lied.	1. NAME OF DECEASED (Type or Print) JOHN W. RANDALL 2. DATE OF DEATH	24/50		
Ë	S. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. COUNTY	ution: Fesidence before admission)		
34	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write the corporate limits)	te BURAL and give		
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P P	22. I hereby certify that I attended the deceased from Oct. 23 1950, to DEC 24, 1950, the	at I last saw the		
ITE	dcceased alive on NOV 6, 1950, and that death occurred at 10 mm, from the causes and on the do			
WR e is	Ewilliam Frey M.D. 1928 Perma an 1	2 2 6 ST		
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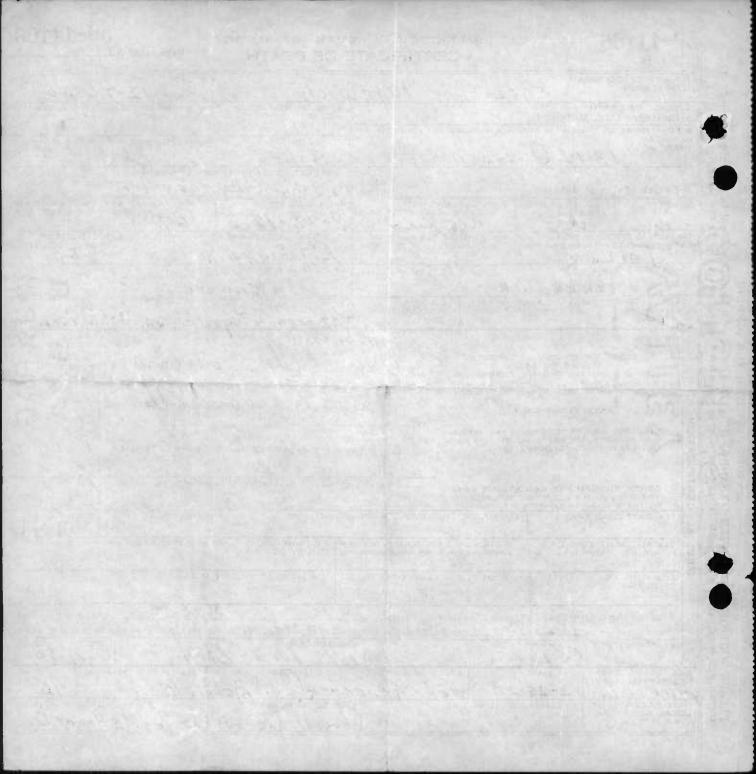


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

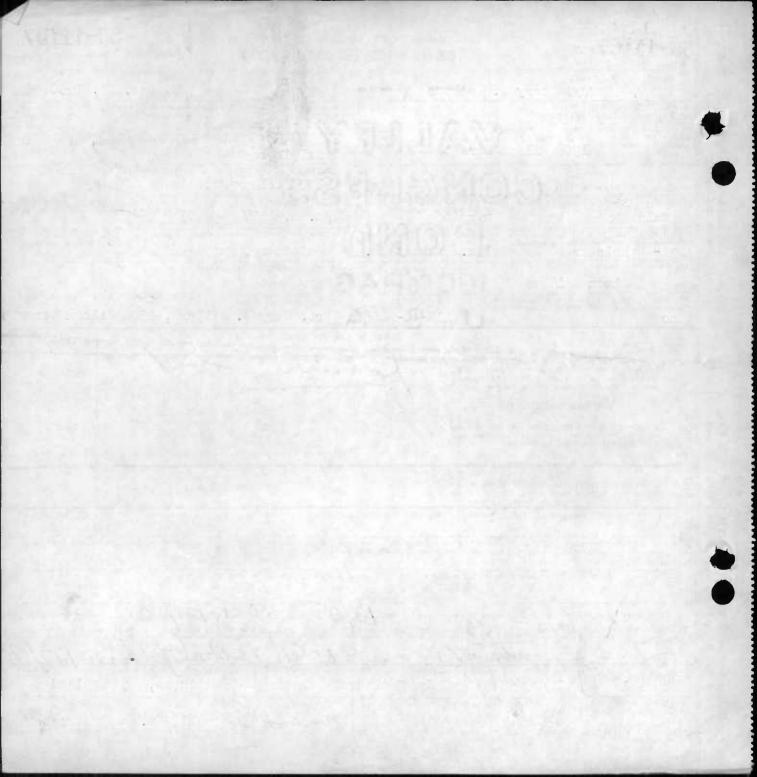
50-1110G Registered No.

2. DATE OF VGEWIC DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If not in hospital or institution, give street address or location) (If outside corporate limits, write HURAI and give C. CITY OR TOWN Yrs. ADDRESS (If rural, give location) Mos. VIYDON ITVE. Days AGE (In years | | Under | Year | | Under 24 Hours | Iast birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORGED (Specify) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY! UHMIR PRUP. 14. MOTHER'S MAIDEN NAME KNOWN 16. SOCIAL ADDRES SECURITY NO. 1344 INTERVAL BETWEEN OF DEATH CAUSE ONSET AND DEATH -15 DUE TO 198. MAJOR FINDINGS OPERATION 20. AUTOPSY OF 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT , to 12-26-50, 19 , that I last saw the 22. I hereby certify that I attended the deceased from. 19. and that death occurred at 5:30 A.m., from the causes and on the date stated above. deceased wive on 12-25-5019 234 SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-DATE RECEIVED BY LOCAL REGISTRAR

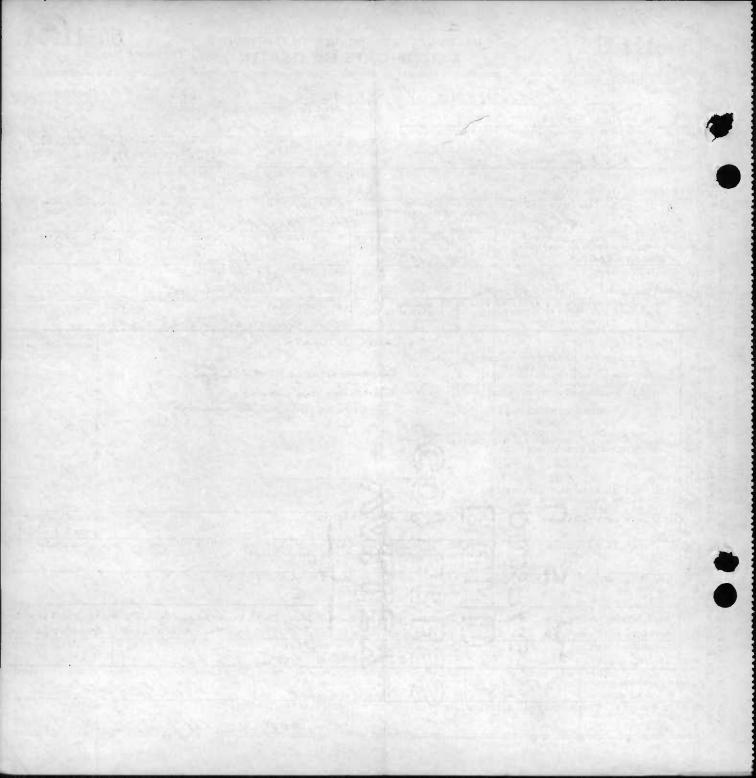


-40	11107 BALTIMORE CITY HE CERTIFICATI		
1. (T:	NAME OF DECEASED (Harry) Henry F. Zellers	2. DATE OF Dec. 25, 1950	
3. A. B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION 1308 Wilcox Street	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)	
c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 1308 Wilcox Street	
5.	male 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED DIVORCED (Specify) Married M	8. DATE OF BIRTH Sept. 8, 1877 9. AGE (In years il Under I Year Months: Days Hours: Min.	
work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) et- Upholsterer Balto. Transit Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?	
13	Simon Zellers	14. MOTHER'S MAIDEN NAME Mary Ware	
(106	. WAS DECEASED EVER IN U. S. ARMED FORCES? . no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. 213-10-0240	17. INFORMANT Mrs. Mary J. Zellers, 1308 Wilcox Street	
ERTIFICATION	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED		
C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?	
EDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., e		
W	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY MHILE AT WORK NOT WHILE AT WORK 222. I hereby certify that I attended the deceased from 1000, to 1000, to 1000, to 1000, to 1000, that I last saw the deceased alive on 1000, 1900, and that death occurred at many from the causes and on the date stated above. 23A. SHOMATURE 23B. ADDRESS / 123C. DATE SIGNED		
DA	BURIA, CREMA- 248. DATE N. REMOVAL (Specify) DUTIAL TE RECEIVED BY CAL REGISTRAR REGISTRAR REGISTRAR	RY OR CREMATORY 24D. LOCATION (City, Town, or county) (State) val Cemetery Baltimore, Maryland 25. FUNERAL DIRECTOR ADDRESS	
H	6271950	2 m. Cook, Inc. 1217 St. Paul Street	

593 51



50-11108 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate ling s, write REKAL and give C. CITY OR TOWN INSTITUTION Aownship) Salto (If rural, give location) Yrs. D. STREET ADDRESS Mos. COAEX c. Length of stay in Baltimore on should be clearly and le Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF AGE (in years last hirthday) If Under 1 Year Months Days Hours Min. WIDGWED, DIVORCED (Specify 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? Hous Erosk information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marknown Mukaowa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no.ar pnknown) (If yes, give war or dutes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, ng ar paknowa) SECURITY NO 22. INTERVAL BETWEEN item 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT MEDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE ! WHILE AT AT WORK 22. I hereby certify that I attended the deceased from Dec. 75, 195, to See 26, 195, that I last saw the deceased alive on See, M., 1950, and that death occurred at 22 P. m., from the causes and on the date stated above. 23A. SIENATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c, NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 248. DATA Y. Staniolaus Burias REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY making how Williasilk, M LOCAL REGISTRAR VS 150 7208A



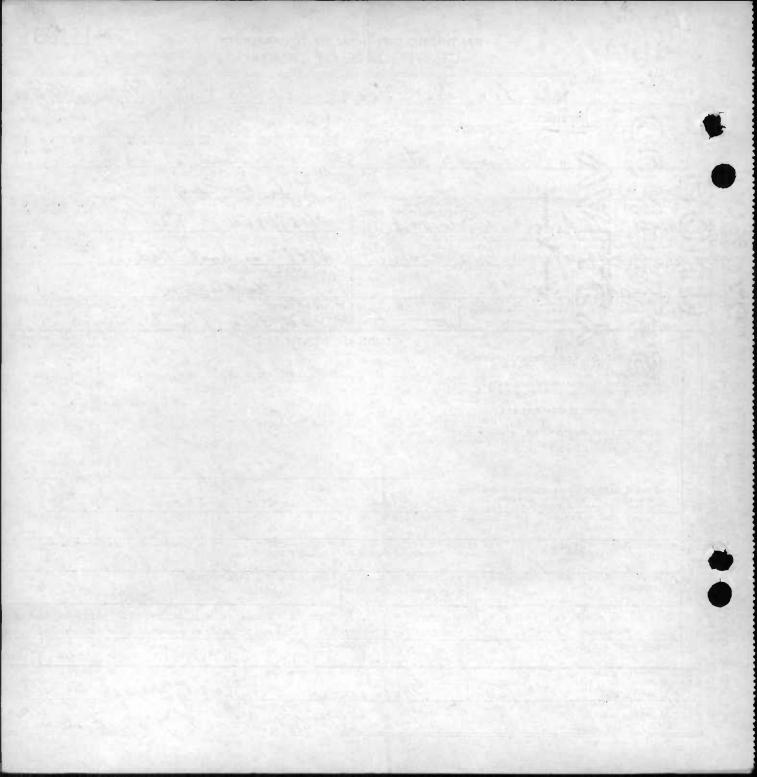
MARGIN RESE	UNFADING INK.	Physicians: please
	IL WITH	im frant.
	PLEASE WRITE PL IL WITH UNFADING INK.	correct age is especial important. Physicians: please

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11109

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) allin OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits write HARAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS Yrs. (If rural, give location Mos. c. Length of stay in Baltimore Days last birthday) Months Days Hours Min. 6. COLOR DR RACE BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even firetired) INDUSTRY WHAT COUNTRY? ous rur fe 4900 0 110 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gu Know 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE 18. DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES NOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI (0) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS DIC 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or about home, furm, factory, street, office bldg, etc.) 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE INJURY OCCUR? Ш 5 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK WORK Dec. 19.D. that I last saw the ang 1976. to. 22. I hereby certify that I attended the deceased from. 19 50 10-Mm., from the causes and on the date stated above. deceased alive on . and that death occurred dt. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 248. DATE 24C NAME OF CEMETERY OR GREMATOR 24A. BURIAL. THON TEMOVAL (Specify) Lucaral DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR

VS 150



25. FUNERAL DIRECTOR

durial DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

23c. DATE SIGNED

50

(State)

ADDRESS

50-11110

If Under 1 Year

12. CITIZEN OF

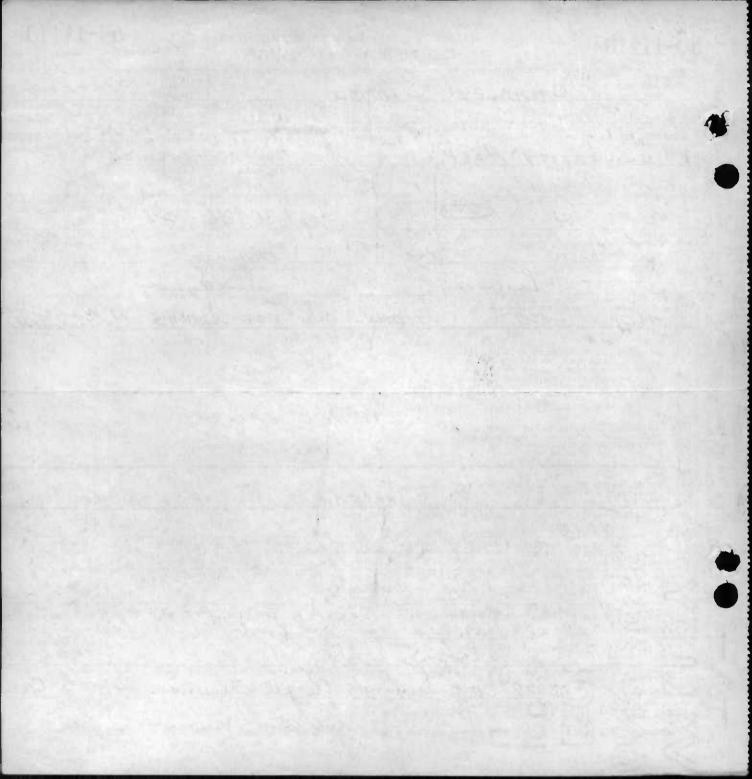
WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

before admission)

township)



VS 150

Will 12/20/30

50-11111

township

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

Registered No.

DEATH Dec. 26

4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)

(If outside corporate limits)

(If rural, give location)

9. AGE (In years last birthday) Il Under I Year If Under 24 Hours Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?

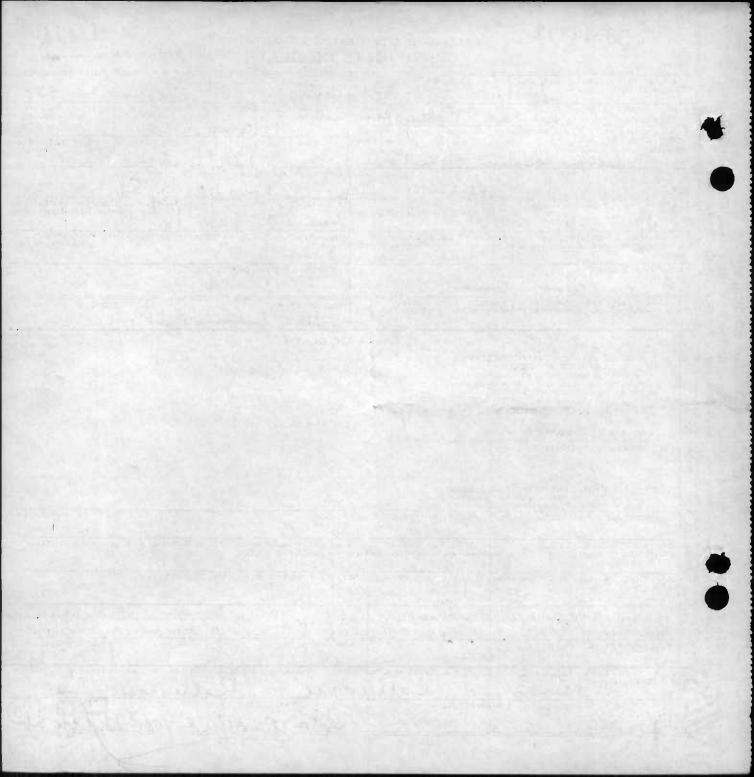
ADDRESS

(If in Baltimore City, give exact location)

m., from the causes and on the date stated above. 23c. DATE SIGNED

De 27-1930 240. LOCATION (City, town, or county)

ADDRESS



ME

1 1	160								
В	-11112 IRTH NO.	A.R			EALTH DEPARTMENT E OF DEATH	Registered 1	50-11112		
C	NAME OF D	James Mi	ller	JAMES GLEN		2. DATE OF DEATH 12-	-25-50		
B. H		City, Maryland		give street address or location)		B. COUNTY	before admission Baltimore ts, write RURAL and giv township		
	Length of s	tay in Baltimore	7. SINGLE. M	Yrs. Mos. Days	D. STREET ADDRESS (If York Road 8. DATE OF BIRTH				
	Male	White	Single	DIVORCED (Specify)		9. AGE (In years last birthday) Mo	th Under 1 Year on the Days Hours Min.		
wor	Child (At Home	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland 14. MOTHER'S MAIDEN N.	AME	12. CITIZEN OF WHAT COUNTRY USA		
15 (Ye	. WAS DECEASE	yde Miller ED EVER IN U. S. ARMED (11 yes, give war or dates NO	FORCES? 10 of service)	security no.	Ethel Klinfe 17. INFORMANT Mrs. Clyde Mille	A	ADDRESS Maryland		
	(This does	SE OR CONDITION LEADING TO DEAT s not mean the mode of are, asthenia, etc. It mea complication which of	TH If dying, e. g., ns the disease,		of DEATH		INTERVAL BETWEET		
NOITA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Cere by a 1 & dema The bound of the work huge (c) Intra cranial Hemorrhage								
ERTIFIC	TRIBUTING	II BIGNIFICANT CONDI 3 TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED						
AL C	19a. DATE C	F OPERATION 1		NDINGS OF OPER			YES NO		
JC/		MAL CAUSE WAS	21B. PLACE	OF INJURY (e. g., in factory, street, office bldg., e	or 21c. WHERE DID (1 tc.) INJURY OCCUR?	If in Baltimore City, Carro.	give exact location)		

UTING L CAUSE OF Street Finksburg.

(Month) (Day) (Year) (Hour) 21D. TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK T

Pedestrien struck by automobile 22. I certify that I took charge of the remains described above, held an

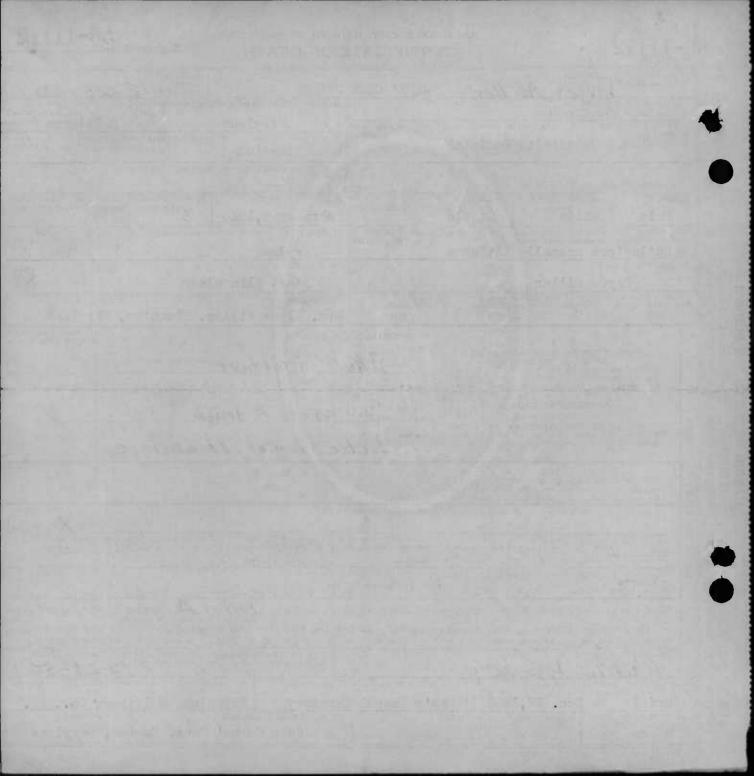
and death in my opinion resulted from: natural causes \square , accident X, suicide \square , homicide \square , undetermined \square .

23A., SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

24A. BURIAL. CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Dec. 28,1950 May's Chapel Timonium. Baltimore Co., Cemetery

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR John Burns' Sons, Towson, Maryland Villarild, 11

VS 151



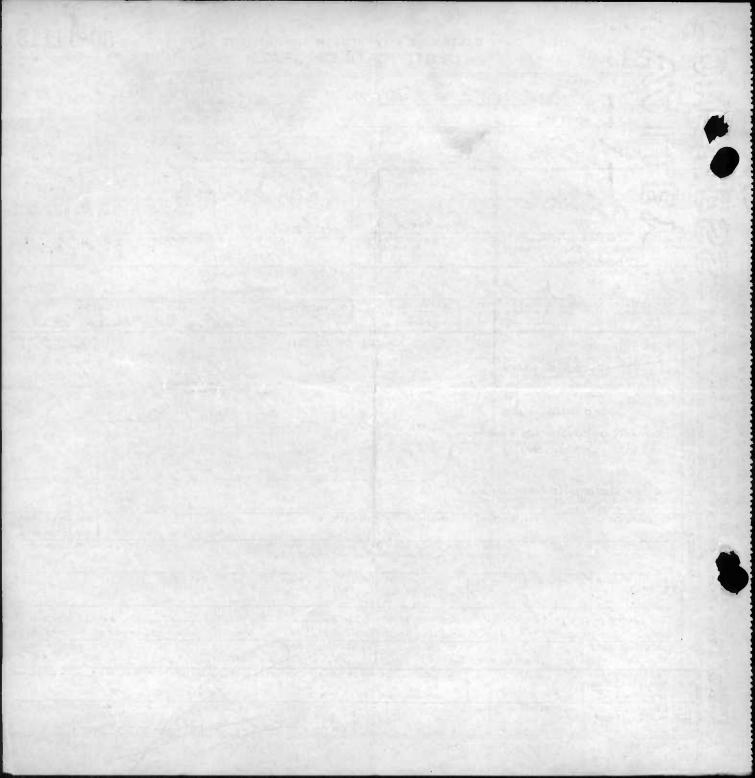
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LAI	WITH	VITH UNFADING INK. Every item of information should be can	INK.	Every ite	m of	f information	should b	e can		s plied. The	The	5
cially	important.	stally important. Physicians: please write the causes of death clearly and legacinated	please	write the	ause	es of death cle	early and	l legan		•		2

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

=		NAME OF DECEASED ANNA IRENE PICK	2. DATE OF DESC	25,1950
		PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If in	nstitution : residence
11-	В.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	before admission)
	HO	STITUTION 6 76 Mande Ove	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
		Yrs.	D. STREET ADDRESS (If rural, give location)	04
0	c.	Length of stay in Baltimore Mos. Days	6 × 6 marche ove.	
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		nder I Yeer Hours Hours Min.
#	10 orl	A. USUAL OCCUPATION (Givekind of doneduring most of working life, even if retired) INDUSTRY	H. BIRCAPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
	13	farmer Milla	14. MOTHER'S MAIDEN NAME	
	15 Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.		DRESS
		no pone	Olever C Briking 6 76 Ma	ende tor.
		7000	OF DEATH	INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	etal Genouloge	1 hour
		ANTECEDENT CAUSES		
FICATION	2	DISEASES OR CONDITIONS, IF ANY, GIVING	ioaslastii C. V. Disease	
	4	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
	E C	Qua.	letes Jullities	5 Un
	2	OTHER SIGNIFICANT CONDITIONS CON-		- Ja,
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	AL A	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
3. 11	EDICA	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, gi	
	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?	
		m. WHILE AT NOT WHILE		
		22. I hereby certify that I attended the deceased from		
3	Н	deceased alive on 23, 1950, and that death occur	red at Life P.m., from the causes and on the	e date stated above.
2		Aller Langelin M.O. 4	518 Edmenden Village	12/27/50
9 2	24	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER ON, REMOVAL (Specify) 12-78-50 Carreire	RY OR CREMATORY 240. LOCATION (City, town, o	or county) (State)
-		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3	L(DEC 2/1950 with tor Williams Mr.	Sightfuley Fullowand	mette SV
		VS 150	FA	61
		/ 000		01



Constant And Constant Sant State of the Constant

B-	12	CERTIFICALL CURRED ED	= 1-3-51 EALTH DEPARTMENT X 50-11115
The T	5	1 44445	E OF DEATH Registered No.
	(T	ype or Print) SOAN J. BUCKER	2. DATE OF DEG. 26,1950
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE before admission)
IJy s	H	OSPITAL OR location)	
of a state of the	4	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
ld be		Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1885 9. AGE (in years H Under 1 Year H Under 24 Hours Instituted by Months: Days Hours Min.
	10	DA. USUAL OCCUPATION (Give kied of 108. KIND OF BUSINESS OR	3 9 1-8-8-3 67 65
on shou clearly	worl	A LTO. CTY	Maryland WHAT COUNTRY?
NG rmati death	13	S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME UNKNOWN
DIJ	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
of of ises	-	18. / / / CAUSE	MRS CLARA MAY JUCHER CRESSTOW ARK A.A.Co. OF DEATH
it it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	antice. Par dia Fail 2 menter
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	y source in man Jacque 3 mores
03 P	7	ANTECEDENT CAUSES	estensino cardio vascular 4 yours
RESEI JINK.	TIOI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	disease
MARGIN NFADING nysicians:	FIC	(c)	
MARGIN F UNFADING Physicians: F	ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATEO TO THE DISEASE OR CONDITION CAUSING IT.	
H .	ı,	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
Y, WITH	EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., CAUSE OF DEATH	
S.H.	X	21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
I	-	22. I hereby certify that I attended the deceased from	c. 26, 1950, to Dec. 26, 1950, that I last saw the rred at 8:25 p.m., from the causes and on the date stated above.
ITE s esp			
WE is	24	Martin C. Maragaryum M.D. 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	South Souto. How - Hox 12-27-50 ERY OR CREMATORY 240. LOCATION (City, tylen, or county) (State)
PLEASE WRITE I	Tic	REMOVAL (Specify) 12/30/50 MEADEN RIDGE	E WASHINGTON BLUD- 25. FUNERAL DIRECTOR , ADDRESS
PLE	Lo	DEC 281950 Track of The State o	25. FUNERAL DIRECTOR ADDRESS LOHN F. DENNY INC 715 LIGHT ST30
		VS 150	0 - 5
		970	75

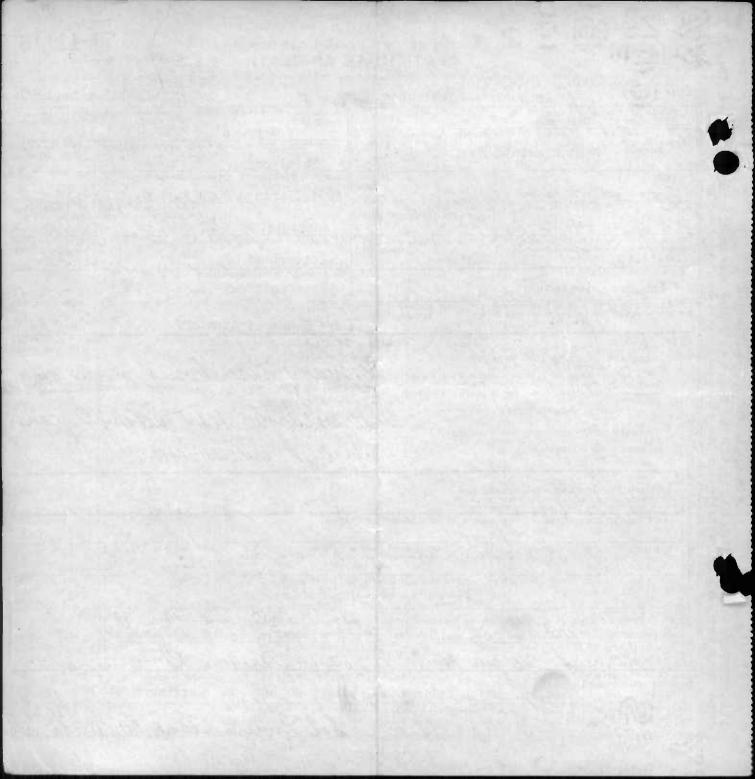
At A Carry No.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered				

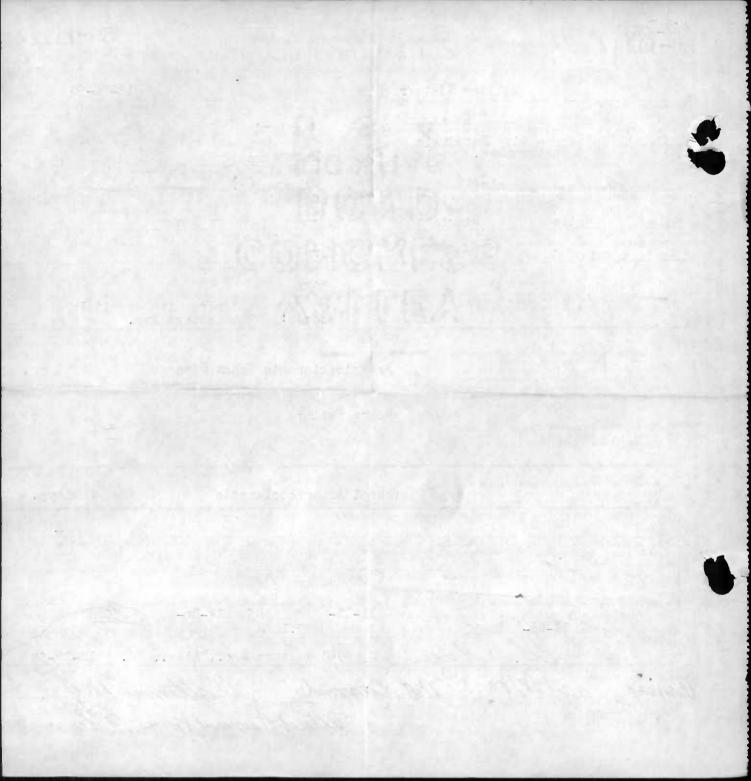
B	IRTH NO.	
1.	NAME OF DECEASED (or Moe) Dr Moses L Lichtenberg	2. DATE OF DECEmber 26,1950
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission)
H	OSPITAL OR STRUCTION 3604 Clarinth Road Apt 1 A.	C. CITY OR TOWN (If outside conforme finits, write RURAL and give
_	Yrs.	Baltimore o. STREET ADDRESS (If rural, give location)
c	Length of stay in Baltimore life Mos.	3604 Clerinth Road Aptl A.
	. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years Il Under Year If linder 24 House
N	Tale White WIDOWED DIVORCED (Specify)	Sept. 15, 1890 last birthday) Months Days Hours Min.
10 wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Physican OB. KIND OF BUSINESS OR INDUSTRY Medical	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Isadore Lichtenberg	Yetta Pollack
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
,	(If see, give war or dates of service) SECURITY NO.	Mrs Rhona Lichtenberg 3604 Clarinth Road
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) JULI	residente leut disease 2 years raleged arteris clessis
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO X
MEDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., e	
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
		an., 1950, to Sec. 26, 1950, that I last saw the red at 10:00 m., from the causes and on the date stated above.
		38. ADDRESS 23C. DATE SIGNED 6721 RUSERSTOWN Rd 12/26/50
71	Burial Dec, 28, 1950 Arlington Cem	RY OR CREMATORY 240. LOCATION (City, town, or county) (State) Letery Rogers Ave Baltimore Md
	ATE RECEIVED BY REGISTRAR'S SIGNATURE CHIZUK AMUNC OCAL REGISTRAR DEC 28 1950 Williams Milliams	
	vs 150 075 8	



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VS 150

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P	WITH	WITH UNFADING INK. Every item of information should be can	INK.	Every	item	of	information	should	be c	an	Y	plied.	The	=5	p

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF OLDSTEI DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF If outside corporate limits, write RURAL and give C. CITY OF TOWN INSTITUTION Hospital Yrs. D. STREET ADDRESS, (If rural vive location) Moor c. Length of stay in Baltimore Dave 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIR AGE Ain years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. naviro 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY House wer 13. FATHER'S NAME 14. MOTHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 1/2/ INFORMAN (Yes, no or unknown) SECURITY NO 204,1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATIO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 4 U 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID EDI (Specify) about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE 22. I hereby certify that I attended the deceased from Dec 26 PLEASE WRITE 23A. SIGNATURE 23B. ADDRESS JRan Sunoi Hosp. ball age 24/ BURIAL, CREMA-MAME OF CEMETERY OR CREMATORY 24D. LOCATION ource

(If in Baltimore City, give exact location) Dec 27, 1950 that I last saw the deceased alive on 100 27, 1950, and that death occurred at 310 fm., from the causes and on the date stated above, 23c. DATE SIGNED marca DATE RECEIVED BY 65. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

township

if Under 1 Year

ADDRESS

12. CITIZEN OF

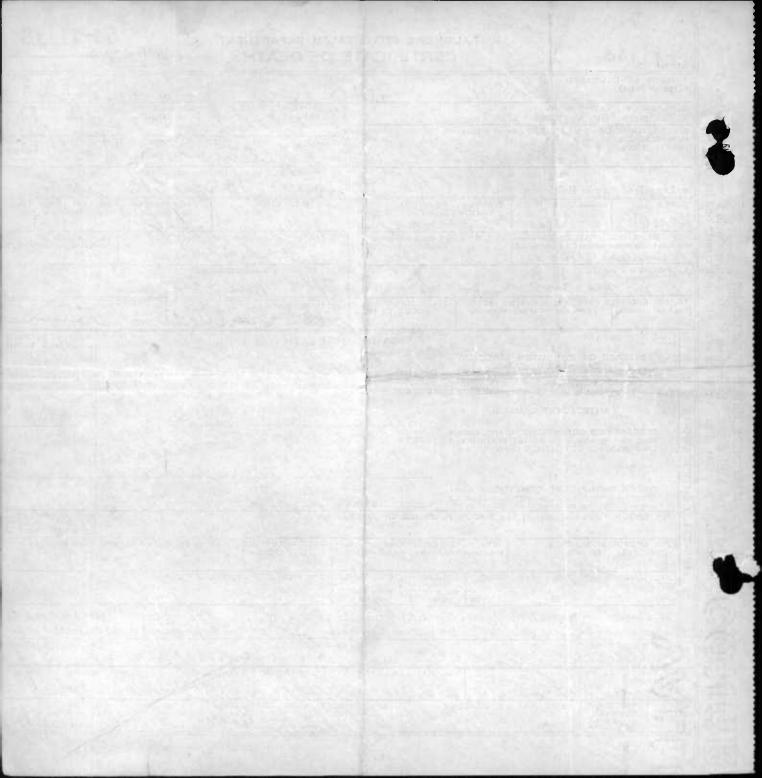
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WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYT



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLA, WITH correct age is especially important.

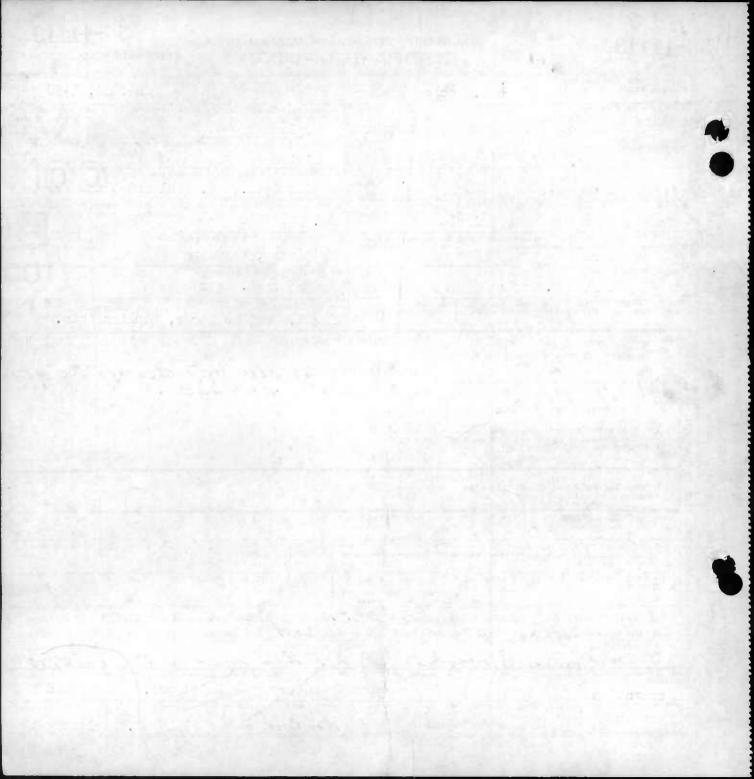
BALTIMORE CITY HEALTH DEPARTMENT

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U	15.7	July 1	.,1	U
Registered	No.			

,	LLLI			CERTIFICAT	E OF DEATH	Registered	No.
_	RTH NO.						
	NAME OF D		ra B. F	Roche		of Dec.	26, 1950
Ä.		City, Maryland			A. STATE	(Where deceased lived, I	If institution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	Hopkins Ap St. Paul	ts 31st S	tion, give street address or location) Streets	Maryland c. CITY OR TOWN Baltimore	(If outside corporate lim	its, write RORAL and give township
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS Hopkins Apts.,		31st Streets
5.	female	6.COLOR OR RACE		E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH Aug. 23, 1860	9. AGE (In years last birthday)	N Under 1 Year M Under 24 Hours fonths Days Hours Min.
work	A. USUAL OC done during most	CUPATION (Give kind of port working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State Baltimore, IIa		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIDEN		
		narles M. Roc			Medora L.		
(Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give wer or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Miss L. Corinn		ns Apts.
ERTIFICATION	DISEASES RISE TO T UNDERLY	complication which complication which complete c	F ANY, GIVIN STATING THE	NG (B)	ciosoloratic art disc		
CE	TO THE O	ISEASE OR CONDITION	CAUSING I		ATION		
AL	ISA. DATE C	OFERATION O	SB. MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? (If in Baltimore City, give INJURY OCCUR?)						
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK AT WORK		URY OCCUR?	
	22. I hereb	y certify that I att	ended the	deceased from Oc	+ 12 , 19.34 to	Dec. 26, 196	54that I last saw th
			, 19 50		rred at 2:00 Fm., from	m the eauses and on	
	23A. SIGNA	TURE	Bin	M. D. 2	24 5. Fac	ger st	12/27/30
24	A. BURIAL,	CREMA- 24B. DATE			RY OR CREMATORY 24	. LOCATION (City, tow)	
TIC	on REMOVAL (S	pecify		Green Mount		Baltimore,	Maryland
	CAL REGIST	D BY REGISTRAR'	La 11/11	iaula, Mis	25. FUNERAL DIRECTO	()	ADDRESS Paul Street

68



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Yrs.

Mos.

Days

50-11120

before admission

township)

NAME OF DECEASED (Type or Print)

Pasqualina Farinetti

2. DATE OF DEATH Dec. 27, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

7. SINGLE, MARRIED

own home

HOSPITAL OR INSTITUTION

5. SEX

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UNFADING Physicians: p

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PLEASE

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MARGIN

2437 E. Hoffman Street

Maryland

C. CITY OR TOWN

8. DATE OF BIRTH

March 7. 1882

(If outside corporate limits, watte RURAL and give

B. COUNTY

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

Registered No.

Baltimore

A. STATE

D. STREET ADDRESS (If rural, give location)

2437 Hoffman Street

9. AGE (in years) If Under 1 Year last birthday) Months Days Hours Min

female white 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

c. Length of stay in Baltimore

WIDOWED, DIVORCED (Specify) Widowed 10B. KIND OF BUSINESS OR

11. BIRTHPLACE (State or foreign country) INDUSTRY France

12. CITIZEN OF WHAT COUNTRY?

housewife 13. FATHER'S NAME

> Unknown Todesco

6. COLOR OR RACE |

14. MOTHER'S MAIDEN NAME

unknown

17. INFORMANT ADDRESS Anne Clasing, 2437 E. Hoffman Street

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Terrosclerotee C.U. 20.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE DR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or

20. AUTOPSY

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK

> , 1944 to Dec 27 , 195 Ahat I last saw the m., from the causes and on the date stated above.

deceased alive on 12 23A. SIGNATURE

19 5 Dand that death occurred at 3 23B. ADDRESS

23c. DATE SIGNED 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) burial

12/30/50 REGISTRAR'S SIGNATURE

22. I hereby certify that I attended the deceased from 9/13

24c. NAME OF CEMETERY OR CREMATORY Glen Haven Park Cemetery

Glen Burnie.

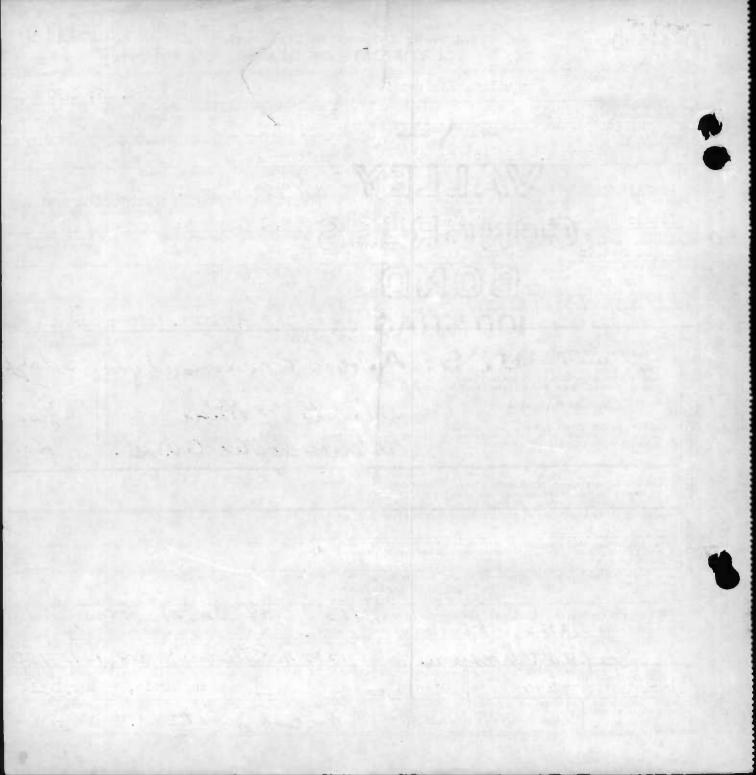
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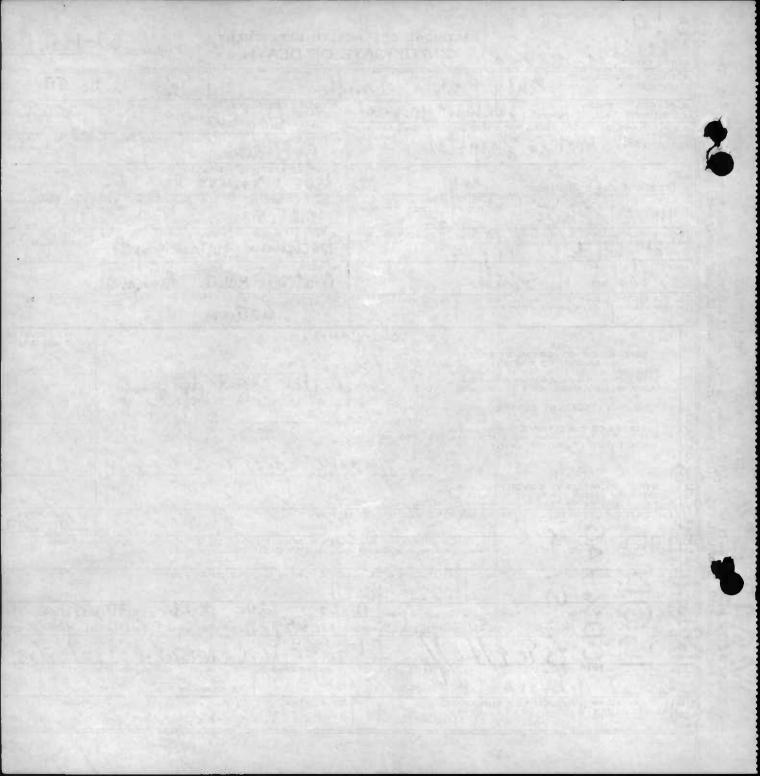
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DATE RECEIVED BY LOCAL REGISTRAR

white after Hellauit M.

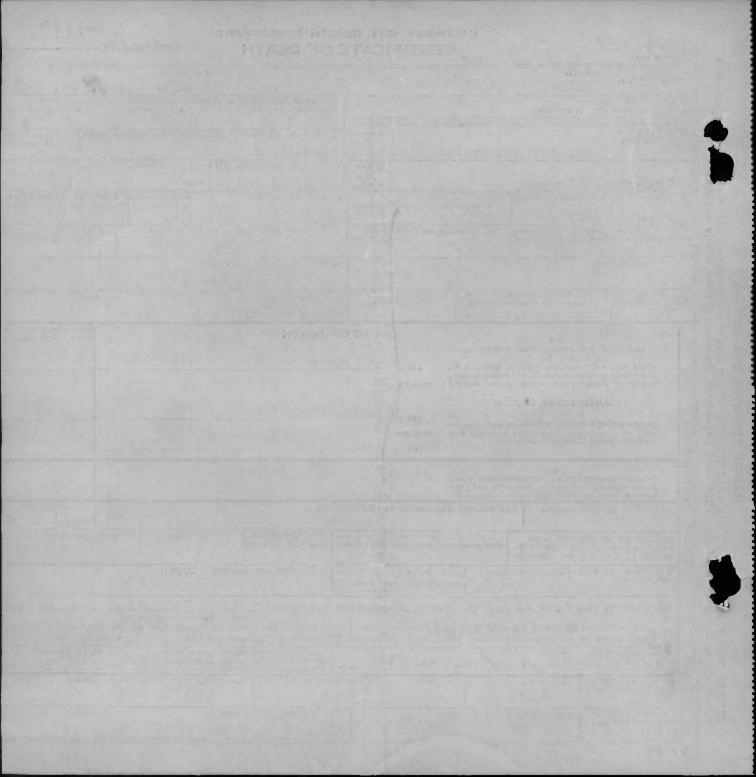
1217 St. Paul Street



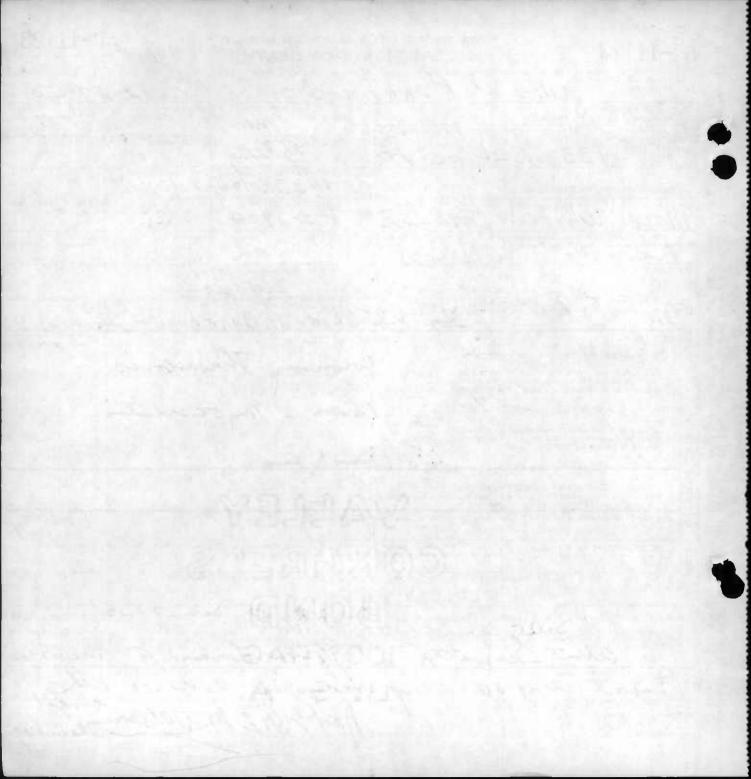


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50	-1119	22		BA	LTIMORE CITY H			Dominton		-11122
100	H NO.				CERTIFICAT	E OF DEAT	Н	Register	ed No	
1. No	AME OF D							2. DATE		
			ELON RO	OSKOTT						r 27, 1950
a. B	ACE OF D	City, Ma	ryland			4. USUAL RESID	DENCE (Whe	re deceased live B. COUNT		itution: residence before admission
	LL NAME	OF (lf	not in hospita	d or institu	tion, give street address of location		(7.0		1 0 #	
	ITUTION	Mon	reland C.			C. CITT OR TOWN		tside corporate	mits	rite RURAL and give
		Mar	yland G	eneral	Hospital Yrs.	Baltimore		rai, give location		
c Le	ength of s	tav in R	altimora		Mos.	1912 Lind			-,	
5. SE			R OR RACE		Days E, MARRIED,	8. DATE OF BIRT		. AGE (În year		
fe	male	whit	e	mar	ved divorced (Specify)	9/2//19	7/8	iast birthday)	Months	Days Hours Min.
10A.	USUAL OC	CUPATIO	N (Give kind of		D OF BUSINESS OR	11. BIRTHPLACE		2.0	1 12.	CITIZEN OF
vorr doi) /	19 WT	e eyeo if retired)	a	+ Home	7.	acto	ma		WHAT COUNTRY
13. F	ATHER'S N		1			14. MOTHER'S MA		E		
		2	w/no	vn		Um	Know	71		
15. W	AS DECEASE	ED EVER IN	U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1	2	ADDR	ESS
	70	_			SECORITI NO.	Barnard No	West 1	912 1	das	ave
18	3. 58	1.1		- 1	CAUSE	OF DEATH				INTERVAL BETWEEN
	DISEAS		ONDITION							ONSET AND DEATH
	(This does	not mean	n the mode o	f dying, e.	g. (A) Fatty	liver	********	•======================================		
	heart failu injury or	complicat	ia, etc. It mea: tion which c	ns the disea aused deat	se, h.) DUE TO				340	
		ANTECE	DENT CAUS	ES						
z	DISEASES	S OP CON	IDITIONS, IF	E ANY CIVI	(= /	c alcoholism	1	***************************************	************	***************************************
፬	RISE TO T	HE ABOVE	CAUSE (A)	STATING T						
<u> </u>	ONDERE		TOTAL EX		(C)	***************************************	******************			*******************************
Ţ T			11					19912		
ERTIFICATION	TRIBUTING	TO THE	OEATH, BUT	NOT RELAT	ED					
	A. DATE O		TION 1		T. FINDINGS OF OPER	RATION		***************************************		20. AUTOPSY?
. I	A. DATE O	OF LINA	THOIR IS	, m,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TINDINGS OF OLL	.Allon				YES NO X
5 21	A. EXTERN				ACE OF INJURY (e. g., I		DID (If i	n Baltimore Ci	ty, give	
			CONTRIB-	about nome,	tarm, actory, street, omce bidg.,	INJURY OCCU	JKI			
Σ 2		(Month) ((Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DIE	O INJURY C	CCUR?		
0	F INJURY			m.	WHILE AT WORK					
2	2. I certi	fy that I	took char	ue of the	remains described of	bove, held an Ir	quiry &	Inspect	ion th	nereon and from
					opsy, Inspection or		Autopsy. Ins	pection or Inqu	iry	
	and de	ath in n	y opinion	resulted	from: natural cause	s A , accident \square ,	suicide [, homicide], unde	$termined \square$.
2	3A. SIGNAT	TURE	2	W.	· · · · · · · ·	23B. CHIEF M ASSISTANT M			23c. D	ATE SIGNED
1	BUDIAL		7/8.	De		.D. MEDICAL INV	ESTIGATOR		Dec.	
THON	BURIAL. C	pecuy	/4B. DATE	1-	24c. NAME OF CEMETE	and the same of th	24b. Loc.	ATION (City, to	On l	ounty) (State)
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D.	50-11123 CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No.
i. The	1. NAME OF DECEASED had W. Burkh	ppd+ 2	DATE OF 12-21-50
pplied	3. PLACE OF DEATH A. Baltimore City Maryland	A. STATE	deceased lived. If institution: residence B. COUNTY before admission
ŘÍ.	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR INSTITUTION 1933 Holling		ide corpora e limit), write RURAL and give township
ca egibny	Yrs. C. Length of stay in Baltimore Yrs. Mos. Days	1933 HOLL	I, give location)
should be	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WHOWED, DIVORCED (Specify)	8. DATE OF BIRTH . 9.	AGE (In years H Under Year H Under 24 Hours last birthday) Months Days Hours Min.
n shou	10A. USUAL OCCUPATION (Give kind of More and Mor	11. BIRTHPLACE (State or foreign	n country) 12. CITIZEN OF WHAT COUNTRY
NDING information is of death cle	13. FATHER'S NAME Joku Burkharot	14. MOTHER'S MAIDEN NAME	en
BINDIN of infor	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes plus unknown) (If fee, give war or dates of service)	17. INFORMANT BURK	head + Hollins St
SERVED FOR K. Every item se write the cau	18. 420 CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	romany Thron	whose and death
73	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
MARGIN UNFADINC Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
TTH ant.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE		20. AUTOPSY?
, W	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		Baltimore City, give exact location)
A. ally in	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY m. WHILE AT NOT WHILE AT WORK		CCUR?
TE PI especi	deceased alive on Declar, 19-0. and that death occur	erred at 10 4 m., from the c	auses and on the date stated above
PLEASE WRITE P	acher Desquetty M.D.	1729w. Lornk	nd 4 Dec 27 '50
EASE rect a	TIOCLEMOVAL (Specify) 12.29-50 Glew Jr	avenley a.	TION (C/ty.)own, or county (State)
PL	DATE RECISTER REGISTERAR'S SIGNATURE	125. FUNERAL PRECTOR	Valter strike
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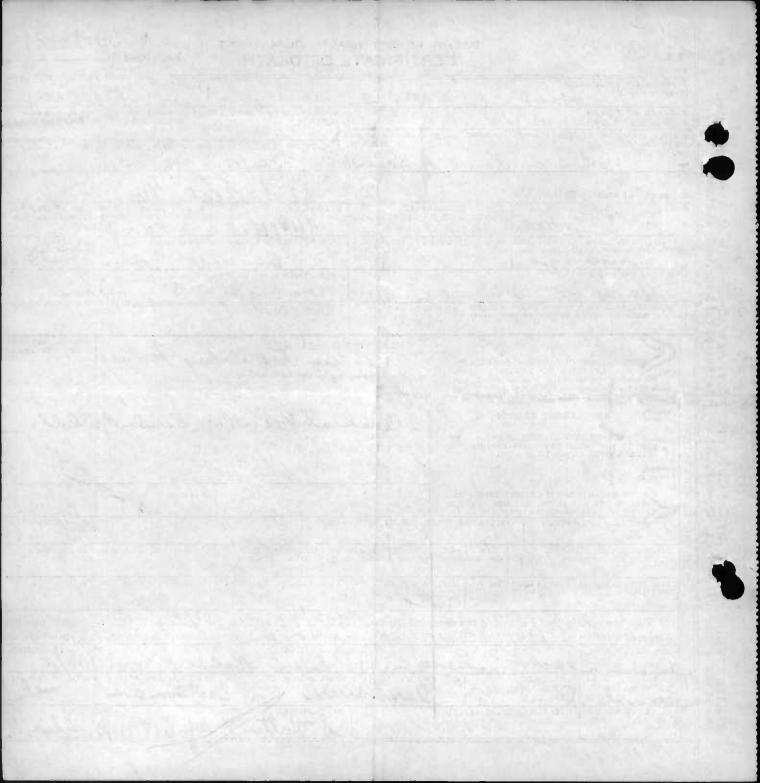
50-11124 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) FYMOGD 3 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNT. before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corp rate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. mapped. 10 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR youseur. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH esperatory DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Cerebral Vascular acide ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON. Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) ō INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 1950 and that death occurred at . 30 m., from the causes and on the date stated above. deceased alive on 234. SIGNATURE 23C DATE SIGNED 20 24B, DATE PLEASE

REGISTRAR'S SIGNATURE

ADDRESS

DATE RECEIVED BY

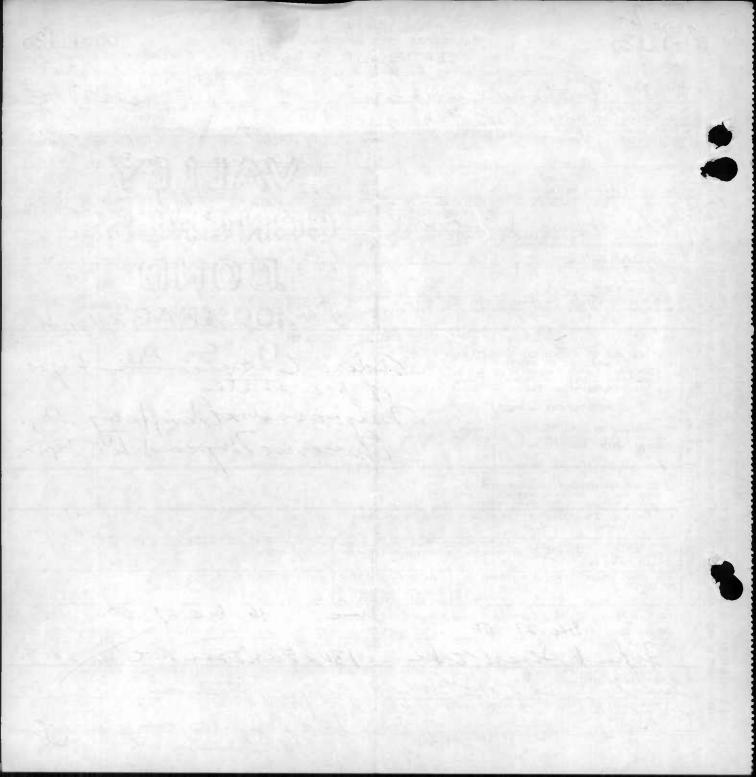
LOCAL REGISTRAR



DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Aownship) mare Yrs. D. STREET ADDRESS Hif rural, give location) Mos c. Length of stay in Baltimore na Days and 5. SEX 6. COLOR OR RACE 7. S/NGLE, MARRIED.
WIDOWED, DIVORCED (Specify) DATE OF BIRTH AGE (In years If Under I Year should last birthday) Months: Days Hours: Min doura clearly 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information deare 13 FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER/IN U. S. ARMED FORCES? (Yes, no or unknown) (17 yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT SECURITY NO causes INTERVAL BETWEEN item 18. CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH 10 % Every (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, write injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, UNFADING Physicians: RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL ortant. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE eciall AT WORK Dela Z 7, 1950, that I last saw the 22. I hereby certify that I attended the deceased from . 195 to_ espe deceased alive on Dec. 27. 1900 .. and that death occurred at m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ION REMOVAL (Specify) PLEAS Veria DATE RECEIVED BY FUMERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

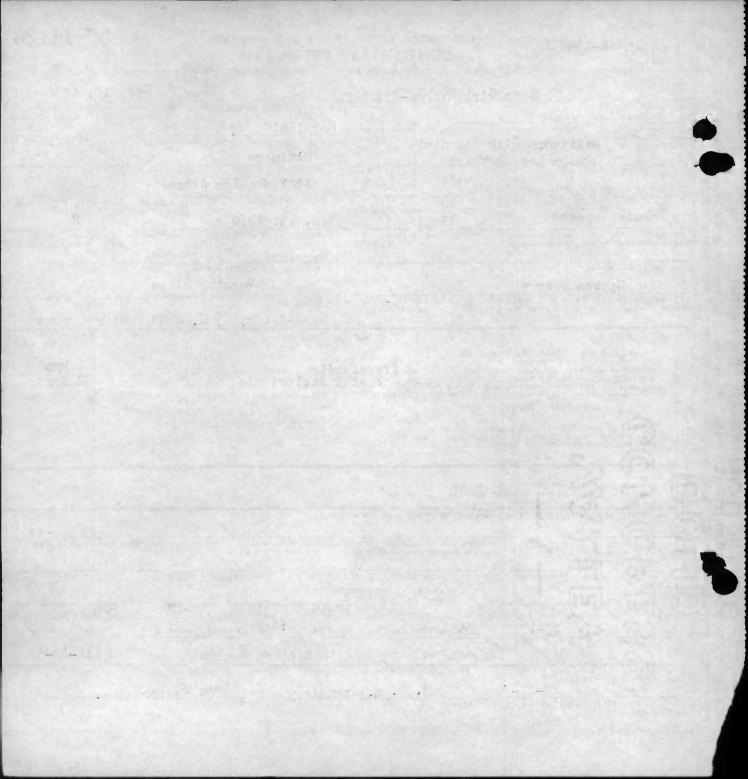
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50-11126 BALTIMORE CITY HEALTH DEPARTMENT pplied. Then CERTIFICATE OF DEATH Registered No 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH Dec. 17, 1950 Baby Girl George-Dorothy 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4940 Eastern Avenue Yrs. O. STREET ADDRESS (If rural, give location) Life 1901 Wheeler Avenue Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Negro Female Dec. 15, 1950 IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Liston George Dorothy Gibbs 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records: B. C. H. 4940 Eastern Avenue Jo INTERVAL BETWEEN 18. item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Every write th 2days (A) Prematurity heart failure, asthenia, etc. It means the disease, Foetal Atelectasis injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES YARD 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) ED LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? PLEASE WRITE PLA NOT WHILE 12-15 1950, to 12-17 19 50 that I last saw the 22. I hereby certify that I attended the deceased from 4:45 Ph., from the eauses and on the date stated above. deceased alive on 12-17 , 19_59 and that death occurred at. 23A. SIGNATURE 23C. DATE SIGNED 12-22-50 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) B. C. H. Crematory 12-22-50 4940 Eastern Ave. Cremated DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Vs 95050

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S evi		HEALTH DEPARTMENT	50-11127 Registered No.
	1. NAME OF DECEASED (Type or Print) ROBERT WILLIAM SU	MAN, Sr.	2. DATE OF DEATH Dec. 26, 1950
pplied	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	here deceased lived. If institution: residence B. COUNTY before admission)
N SI	B. FULL NAME OF (If not in hospital or institution, give street address institution last local l		outside corporate limits, write BURAL and give
care	T13 - # 1 73 - 71 -	Yrs. D. STREET ADDRESS (If a Mos. Days 1450 Light Str	
should be care early and legib	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (S	ecify) 8. DATE OF BIRTH Oct. 11, 1893	9. AGE (In years If Under I Year last birthday) Months Days Hours Min.
on shou clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner none paint and paper	Washington, D.	C.
NDING information s of death cle	Louis Suman	14. MOTHER'S MAIDEN NA	ME
BI of ise	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoown) (If yes, give war or dates of service) SECURITY N	Donald P. Suman	ADDRESS - 2912 Putty Hill Rd.
RESERVED FO INK. Every ite clease write the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. (C)	SE OF DEATH Coronary Occlus Hypertension	sion immediate
MARGIN I UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Myocarditis	unknown
ш.	194. DATE OF OPERATION 198. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY7
PLEASE WRITE PLAI correct age is especially in crtant	22. I hereby certify that I attended the deceased from deceased alive on Dec 13, 19 50 and that death of 23A. SIGNATURE 24. BURIAL, CREMA- 24B. DATE JAC. NAME OF CENTION, REMOVAL (Specify) 12/29/50 Parkwood	WHILE 21F. HOW DID INJURY OCCUR? WHILE VORK VOOR 150 / to Decourred at 3:30 / to Decourred	c. 26th, 19 5, That I last saw the
PLE	DATE RECEIVED BY REGISTERS SIGNATURE LOCAL REGISTRAR DEC 9950	25 FUNERAL DIRECTOR	mer & Law = patty
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Localitation prespectively. DELINATED TO THE ME. I.S. C. The sound of the sound . In first see guester success. I money

is the the Penut 217-11-7267 12/20/20 mx Belowin But mid

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A. USUAL	SEX 7	Length c	FULL NAI DSPITAL C STITUTIO	PLACE OF Baltimor	NAME OF	RTH NO.	-111	

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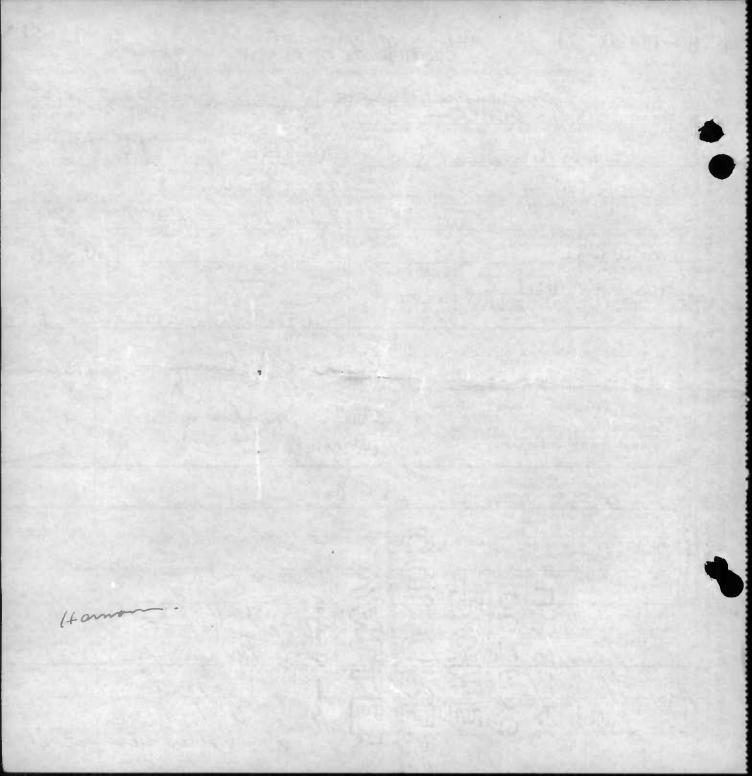
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11129

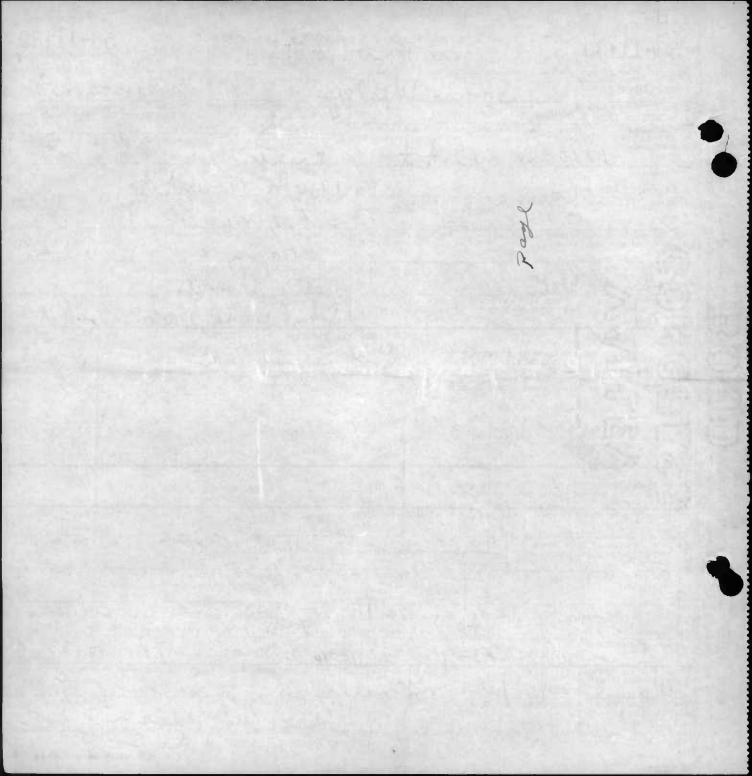
Registered No. 2. DATE DECEASED DEATH DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence City, Maryland B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or location (If outside corporate limits, write RURAL and give C. CITY OR TOWN township! Yrs. D. STREET ADDRESS (If rural, give location) Mos. of stay in Baltimore 227 Days 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years) last birthday) Months: Days Hours: Min. OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF nost of working life, even if retired INDUSTRY WHAT COUNTR' information s of death cle House 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME armon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused dcath.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A, DATE OF OPERATION A EDICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., In or | 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY especially WHILE AT NOT WHILE WORK AT WORK 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ 12.23 1983 and that death occurred at 1/4 2.m., from the causes and on the date stated above deceased alive on_ 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE M. D. BURIAL, CREMA-24c. NAME OF CEMETERY OF CREE 24D. LOCATION 248. DATE TION, REMOVAL (Sperify) DATE RECEIVED BY SIGNATURE ADDRESS REGIS TRAR'S 25. FUNERAL DIRECTOR LOCAL REGISTRAR そんれんはんじょうろう

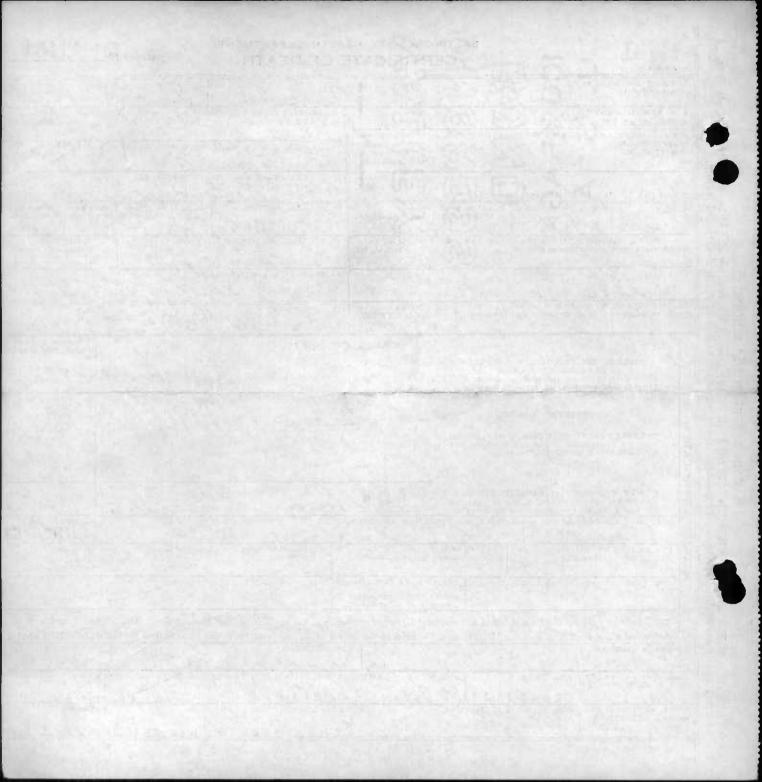
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The	ВІ	E()_4449()	E OF DEATH Regi	stered No
		NAME OF DECEASED Spee or Print)	2. DATE OF DEATH	Du 25,1950
.pplied.	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or		d lived. If institution: residence UNTY before admission)
ly.		OSPITAL OR ISTITUTION 17/0 7 100 100 100 100 100 100 100 100 100	c. CITY OR TOWN (If outside corpo	orate limits, write RURAL and give
e car legib.	-	Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give lo	*
ould be	0	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	00, 31, 1916 34	hday) Months Days Hours Min.
on shoul	worl	DA. USUAL OCCUPATION (Give kind of Adone during most of working life, even if retired) INDUSTRY	Com	y) 12. CITIZEN OF WHAT COUNTRY!
VDING information should be s of death clearly and l		John L. Wesley	Hattie Sharples	
BINDING of inform uses of dea	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (a, no or unknown) (If yee, give war or dates of service) SECURITY NO.	John & Wasley 1710	n. mount
OR item e cai		DISEASE OR CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
2-		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	T	
ER. K.	NO	ANTECEDENT CAUSES (B)		
J	CATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
MARGIN UNFADIN Physicians:	ERTIF	OTHER SIGNIFICANT CONDITIONS CON-		
H G	AL CE	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER		20. AUTOPSY?
WITH sortant.	EDIC/	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		ore City, give exact location)
A	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS OF INJURY WHILE AT NOT WHILE		
E PL		22. I hereby certify that I attended the deceased from deceased alive on 2 - 2 - 19 and that death occu	- 10- 10-01012-20	-, 195 Ahat I last saw th and on the date stated above
PLEASE WRITE PL		23A. SIGNATURE M. D.	18.16 n. mount	23C. DATE SIGNED
ASE West age	Z TI	4A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETION REMOVAL (Specify) 12/28/50 The	Presentation (City town, or county) (State)
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR DF C 2 8 1950	125. FUNERAL DIRECTOR 16	address 13B
		VS 150	130	resolman A



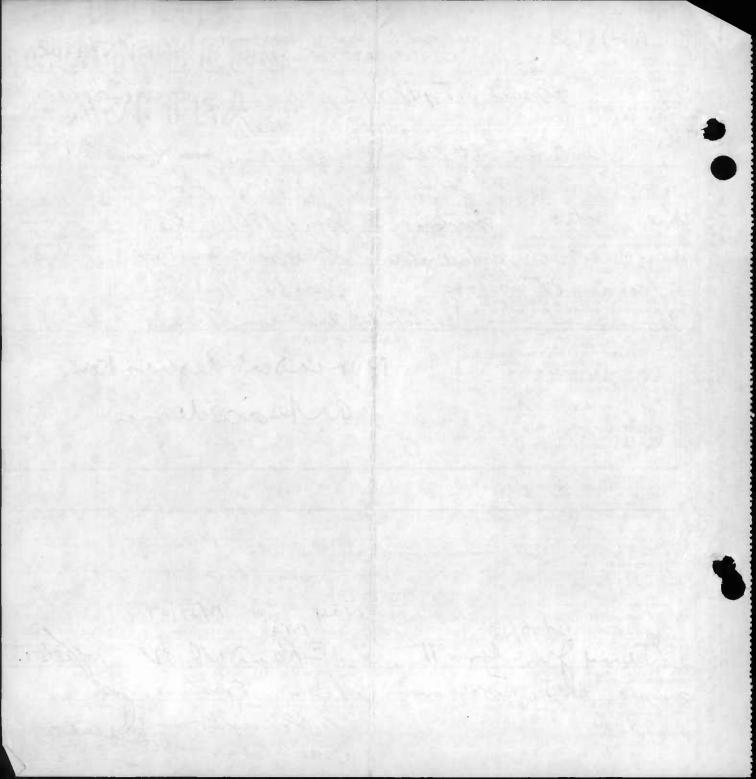


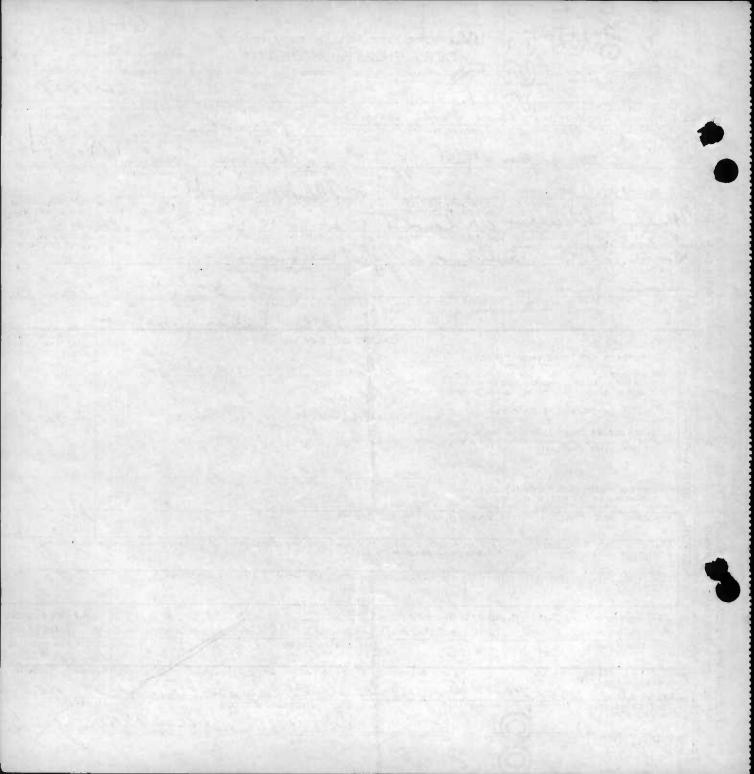
lly oplied. The UNFADING INK. Every item of information should be ca Physicians: please write the causes of death clearly and legibry MARGIN RESERVED FOR BINDING PLEASE WRITE PLA. WITH correct age is especially important. 50-11132

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11132

В	IRTH NO.		
1	NAME OF DECEASED Type or Print)		2. DATE Wed.
	Wasil 3. 1 941149		DEATH (2012), 1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W)	here deceased lived. If institution: residence B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	mof.	21
11	OSPITAL OR IDEASION / 232 E. Fort ave.	c. CITY OR TOWN (If o	outside corporate limits, write RURAL and give
0		Ballimore	
	Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)
	Length of stay in Baltimore Days	1234 6.	tost are.
3	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Woder Year Woder 24 Hours last birthday) Months; Days Hours Min.
1	nale will Widower	Jan. 1, 1861	83
wBi	DA. USUAL OCCUPATION (Give kind of LOB. KIND OF BUSINESS OR k dane during moet of working life, even if retired)	11. BIRTHPLACE (State or for	reign country) 12. CITIZEN OF WHAT COUNTRY
1	Lotised Boiler maker marine Boilers	O alvert Co	-, mg. 21.51A.
1:	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	MÉ
	Danuel Johns	Jarage, Ya	unger
(Y.	WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	220-01-6628	ms. gorcas Ch	rman (dame)
	18. 422.1 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		ONSET AND BEATH
	(This does not mean the mode of dying, e.g., (A)	renval of	egeration
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		0
	ANTECEDENT CAUSES	A. 10 ' 0	1.
z	(B)	anterns	cleves.
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
	UNDERLYING CONDITION LAST.		
RTIFIC			
E	OTHER SIGNIFICANT CONDITIONS CON-		
W	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
A L	0		YES NO
DICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If	in Baltimore City, give exact location)
W	LYING OR CONTRIBUTING about home, farm, factory, street, affice bldg., c	to.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?
	OF INJURY WHILE AT NOT WHILE M. WORK AT WORK		
	^	lay 1948 to /8	127/11/10
	22. I hereby certify that I attended the deceased from deceased alive on 13/30/11 and that death occur	1 100	727 (57, 19 , that I last saw the
		38. ADRESS)	23c. DATE SIGNED
	Alland Machina	1= Kanda	(1) N 128/57.
	4A. BURIAL, CREMA- 24B. DATE 1240 NAME OF CEMETE	RY OR CREMATORY 240, LO	CATION (City, town, or county) / (State)
1	ON, REMOVAL (Specify) Of Dec. 30, 1950 London Par	& Bun Bat	timore mal.
15	ATE RECEIVED BY I REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
0	OCAL REGISTRAR	GARAL 19	wans 12 0.
=	VS 150	1 Covord	1 12 120
	150	11. 00	In W. 120





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	0-	50 11134

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11134 egistered No.

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11	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF DE	ENA EV	ELYN	Richards	on ELLEI	Y 2. DATE OF /2	126/50
A.		ity, Maryland			A. STATE	E (Where deceased lived, B. COUNTY	f institution; residence before admission)
H	FULL NAME O OSPITAL OR ISTITUTION	908 B		ion, give street address or location	c. CITY OR JOWN	0 \	its, write RUI(Al) and give township)
c.	Length of st	ay in Baltimore	3	Yrs. Mos. Days	D. STREET ADDRESS	of au	4
}	Temple	6. COLOR OR RACI	WIDOW	E, MARRIED. VED, DIVORCED (Specify	B. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year If Under 24 Hours fonths Days Hours Min.
Wor	A. USUAL OCC	UPATION (Give kind working life, even if retire	of 10B. KIND	OF BUSINESS OR INDUSTRY	31. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S N	AME . S	ven	Sm	14. MOTHER'S MAIDE	EN NAME ich ar	dsm
15 (Ye	5. WAS DECEASE s, no or nnknown)	D EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT VID La Se	L 10181	ADDRESS Varuer St
FICATION	(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It m complication which ANTECEDENT CA GOR CONDITIONS HE ABOVE CAUSE (ING CONDITION)	ATH of dying, e. peans the diseas caused death USES IF ANY, GIVINA A) STATING TI	DUE TO (B) In F	te Grack	rachiel	3 Wis
CERTIF	TRIBUTING	II IGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITION	T NOT RELAT	ED			
AL O		F OPERATION		FINDINGS OF OPE	RATION		20. AUTOPSY?
EDIC/	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.		(If in Baltimore City	, give exact location)
Σ	OF INJURY	Month) (Day) (Yes	m.	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK			
	22. I hereby	y certify that I a	ttended the	deceased from 17	rred at 73 0 1910, t 238. ADDRESS	0 / 2 / 26 , 19	D, that I last saw the the date stated above.
	23A. GIGNAT	TURESTA	unu	M. D.	1220 0		12 27 NO
2	4A. BURIAL, CON REMOVAL (S	pecify)	,	mt Queles		Baltemon	Lety
1	OCAL REGIST	BY REGISTRA	R'S SIGNATU	URE	25. FUNERAL DIRECT	108.0	ADDRESS

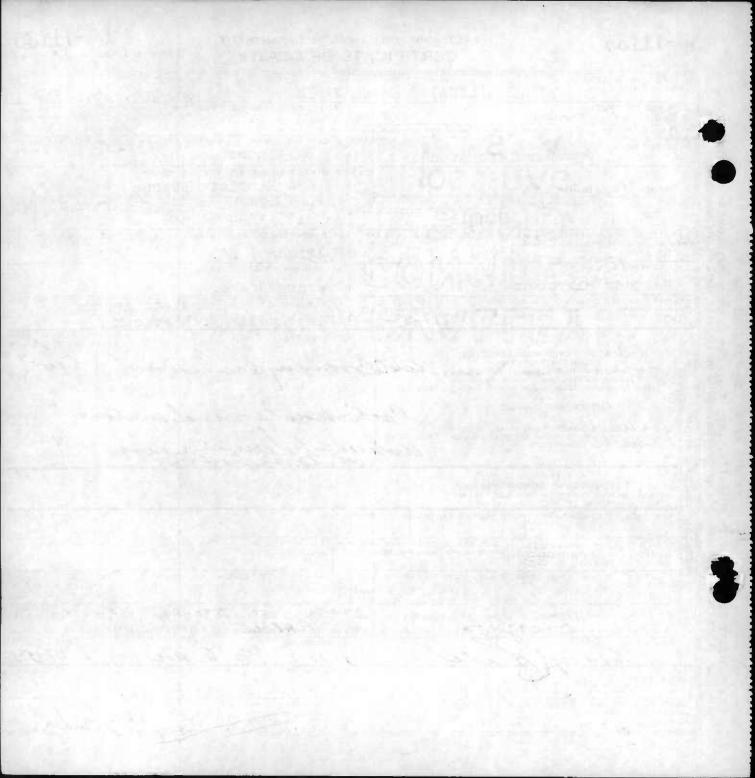
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	50-	11	1	35
egistered	No.			- 0

16	-1113	5			EALTH DEPARTMENT		50-11135
ВІ	RTH NO.		CE	RTIFICAT	E OF DEATH	Registered :	No.
	NAME OF D ype or Print)		INA(LINA)	ROSE HL	AVACEK	2. DATE OF DEATH DEC.	26, 1950
	PLACE OF D Baltimore (EATH: City, Maryland		Sala s	4. USUAL RESIDENCE (A. STATE Maryland		
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institution, g	ive street address or location)		If outside corporate limi	its, write RURAL and give
	()	634 Bart	lett Aver	nue	Baltimore	7.	township)
-	Length of s	tay in Baltimore		Yrs. Mos.	o. street address (1 634 Bartle		
_	SEX	6. COLOR OR RACE	7. SINGLE, MA	Days RRIED.		9. AGE (in years)	If Under 1 Year II Under 24 Hours
	F	W		RRIED, DIVORCED (Specify)	Dec. 13, 1894	last birthday) M	onths Days Hours Min.
10 worl	done during most	CUPATION (Give kind of of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	sales		Seed co.	(R)	Baltimore, Md		USA
13	. FATHER'S	w Hlavacek			14. MOTHER'S MAIDEN N		
15		ED EVER IN U. S. ARME	FORCES? 16	SOCIAL	Frances Grego	r	
(Ye	no or unknown)	(If yes, give war or date	of service)	SECURITY NO. 8-03-644	Miss Amelia		
IFICATION	(This does heart failuinjury or DISEASE:	BE OR CONDITION LEADING TO DEA inot mean the mode of re, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	TH If dying, e.g., ins the disease, caused death.) SES F ANY, GIVING STATING THE	acute Co	or varelars		INTERVAL BETWEEN ONSET AND DEATH
CERTI	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
L				DINGS OF OPER	RATION		20. AUTOPSY?
DICAL	214 ACCIE	ENT WAS UNDER-	218 PLACE (OF INJURY (e. g., i	n or 21c, WHERE DID	(If in Baltimore City,	YES NO
MED		R CONTRIBUTING [ctory, street, office bldg.,		(21 III Dallimote Gill),	give exact location)
~	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E. WHILE WOR			RY OCCUR?	
	22. I hereb	y certify that I at	ended the dece	ased from S	ce/4, 1950, to 2	Te 26 , 195	, that I last saw the
			2,1950 and		rred at 12.46 Both from	the causes and on t	
	23A. SIGNA		Ede	/ M. D.	1100 & Nort	h an	23c. DATE SIGNED
710	N. REMOVAL (S	CREMA- 2/B. DATE Specify 12/29	24c.		RY OR CREMATORY 24D.	timore, Md.	
D	TE RECEIVE	D BY REGISTRAR	S SIGNATURE	acide, At P	25. FUNERAL DIRECTOR HENRY SANDER BALTO 13 MD	/ 1	Address
-	VS 150			111.1	11	1 y	100

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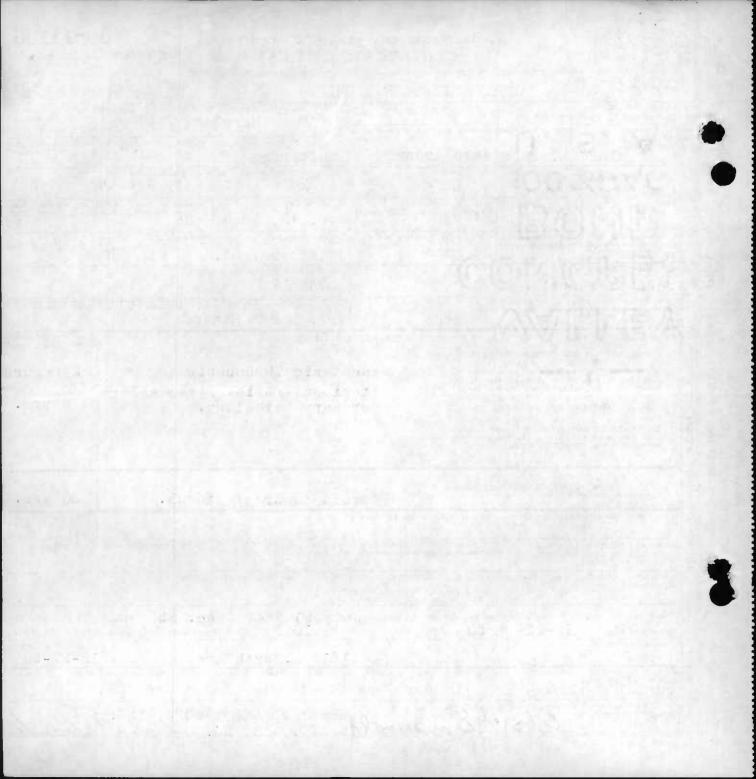
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BIRTH	11136
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BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.	20	CE	RIFICAL	E OF DEAT	н	Registere	u 110	
1. (T	NAME OF Dippe or Print)		NIE ELIZ	ABETH NAT	JMANN		2. DATE OF DEATH De	cember	25,50
A.		city, Maryland			4. USUAL RESIDE	ence (Wi	here deceased lived	If institution	: residence ore admission)
HO	FULL NAME OSPITAL OR ISTITUTION	620 E. Laf		ive street address or location) Venue	c. CITY OR TOWN Baltimore	(If o	outside corporate di		RAL and give township)
c.	Yello	tay in Baltimore	Lif	Yrs.	1620 E.		ural, give location, yette Ave		
5.	sex F	6. COLOR OR RACE	7. SINGLE, MA	RRIED, DIVORCED (Specify)	Nov. 18, 1		9. AGE (In years last birthday)	H Under 1 Year Months Days	If Under 24 Hours Hours Min.
vork	Housewo		at hom	INDUSTRY	Baltimore,		eign country)	USA WHA	ZEN OF T COUNTRY?
		Mengel			14. MOTHER'S MA		ME		
(x or	o, was decease o, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT Mrs. Harry			* Addres V	enue
ATION	(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	f dying, e. g., ns the disease, caused death.) SES	(A) Mese DUE TO Arte Cor	of DEATH nteric Thr rioscleros onary path	is. Follogy	Paraplegi	a &	4 hours yrs.
- CERTIFIC	TRIBUTING TO THE DI	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION F OPERATION 1	NOT RELATED		oid tumor	of ut	terus.		O yrs.
EDICAL	LYING OF	ENT WAS UNDER-	218. PLACE Cabout home, farm, fa	OF INJURY (e. g., i ctory,street, office bldg.,	n or 21c. WHERE D	OID (lf	in Baltimore Cit	y, give exact	
Σ									
	deceased al	y certify that I attive on 12-25-	ended the dece , 19_50. and	that death occur	red at 10 Pm.	to De	e causes and or	50 that I	last saw the tated above.
	23A, SIGNAT	71		м. р.	38. ADDRESS 1613 E.Nor	th A	re	12-	27-50
	burial burial	12/29/5			Cemetery		timore,		(State)
LC	CAL REGISTI	RAROL	SSIGNATURE	vgrual	HENRY SANI		SONS, IN		Lande
	VS 150	I kashti a	tor William	MATHER!		/		8	37



UNFADING INK. Every item of information should be c Physicians: please write the causes of death clearly and leg-

with

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5()-11137			TIMORE CITY HE				-1.1.137
В	IRTH NO.			CERTIFICATI	- OF DEATH	- Registe	red No	
	NAME OF DECE		HE	E HOLMI	=5	2. DATE OF DEATH) EC. 2	7,1950
A.	PLACE OF DEAT Baltimore City,	Maryland			A. STATE	NCE (Where deceased li-		ion : residence before admission)
H	OSPITAL OR			ion, give street address or location)	MARYLA C. CITY OR TOWN	(If outside corporat		RULAL and give township)
0	Length of stay	in Raltimore		5 8 Yrs. Mos.		SS (If rural, give locati	on)	EET:
		COLOR OR RACE	7. SINGLE WIDOW	Days E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year		ays Hours Min.
WOL	A. USUAL OCCUP k done during most of work velling Soles	king life, even if retired)	_	of Business or INDUSTRY		MuRE M	1 1411	TIZEN OF
13	B. FATHER'S NAMI	IAMT	Ho		14. MOTHER'S MAI	DEN NAME	AMI	>.
15 (Ye	MAS DECEASED EVEN, no or unknown) (1	/ER IN U.S. ARME[f yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 217-07-3254	17. INFORMANT I	708 Chilton 5 h: Houm	SADORES ES-W	I.F.S.
CATION	(This does not heart failure, a injury or com ANT DISEASES OF RISE TO THE A	PR CONDITION ADING TO DEA' mean the mode of sthenia, etc. It mea plication which of ECCEDENT CAUS CONDITIONS, 1 BROVE CAUSE (A)	TH If dying, e. g ns the diseas aused death ES F ANY, GIVIN STATING TH	(A) Core	×11,	PHRITIS E	ary on 2	TERVAL BETWEEN SET AND DEATH MEUIATE 2 /RS/?
CERTIFIC,	TRIBUTING TO	II IFICANT CONDI THE DEATH, BUT SE OR CONDITION	NOT RELATE	ED.				
AL	19A. DATE OF O	E.	9B. MAJOR	FINDINGS OF OPER	ATION			O. AUTOPSY7
EDIC	21A. ACCIDENT, HOMICIDE (S	SUICIDE. pecify)		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e			City, give exa	et location)
Σ	21D. TIME (Mon OF INJURY	th) (Day) (Year)		21E. INJURY OCCURRI	21F. HOW DID	INJURY OCCUR?		
3	deceased alive	on DEC. 7		deceased from 4 - and that death occur	red at 7 9 · m.,		on the date	e stated above.
	23A SIGNATURI	len Ke	mfe	74 M. D. 4	230 Fach 1		4.12	- 27- 50
TI	AA. BURIAL CREM ON REMOVAL (Specif Durial	12/30/		Loudon Park				nty) (State)

DATE RECEIVED BY LOCAL REGISTRAR DEC 281950 VS 150

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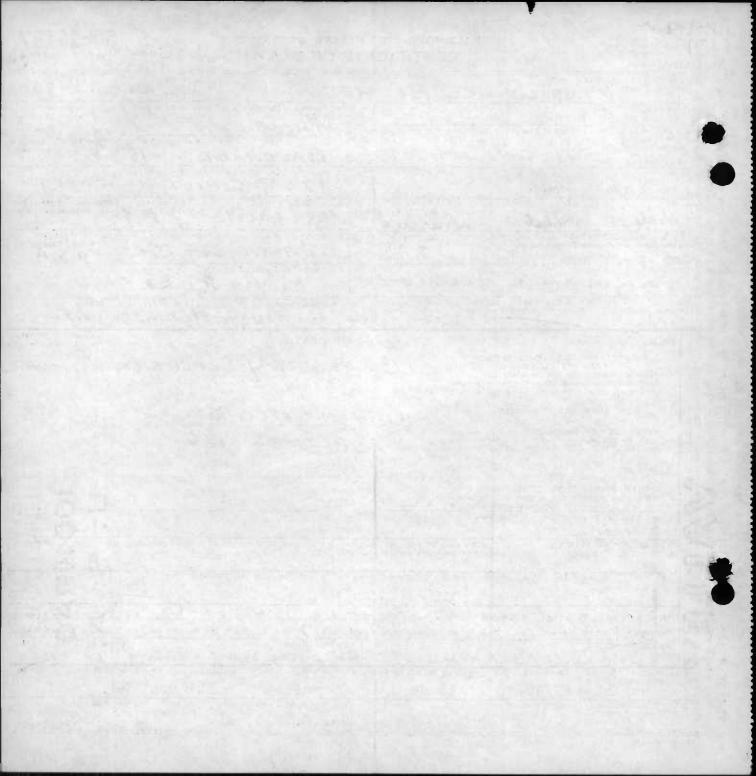
REGISTRAR'S SIGNATURE

HENRY SANGEROR BALTO., 13, MD.

ADDRESS

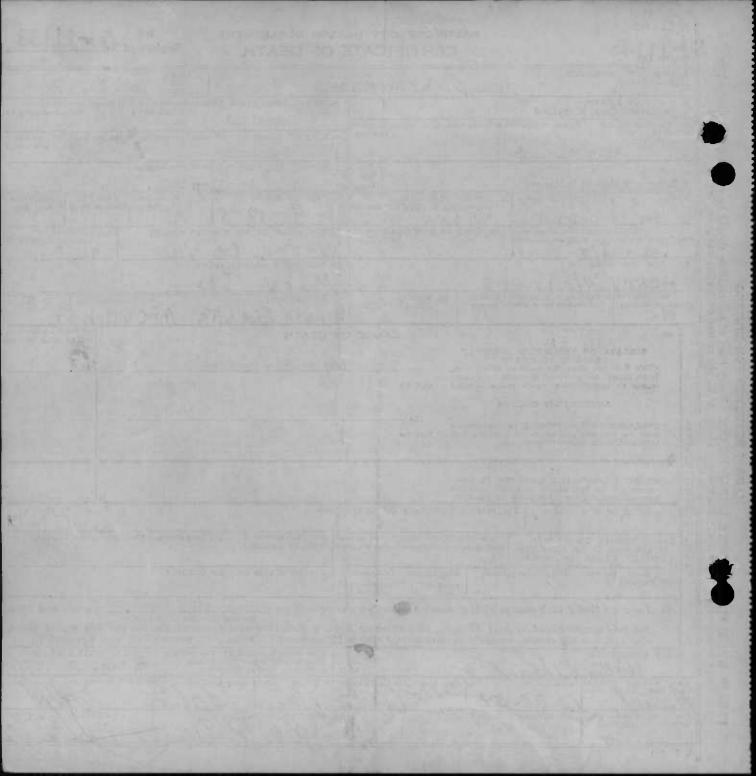
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BI	220 -11138 RTH NO. 38			EALTH DEPARTMENT E OF DEATH	Registered N	50-11138
	NAME OF DECEASED 'ype or Print)	MAGGIE ^	VE KENNOYH	UGHES	2. DATE OF DEATH Dec.	26, 1950
A.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (W A. STATE Maryland	here deceased lived. If B. COUNTY	institution : residence before admission)
H	FULL NAME OF Of not in hospite of struction 1225 McCulloh	d or institution,	give street address or location)		outside eorporate limit	s, write HURAL and give township)
c.	Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If		
5.	SEX 6.COLOR OR RACE Female Colored	7. SINGLE, M. WIDOWED,	DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years) ff	Under I Year M Under 24 Hours nths Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)		BUSINESS OR INDUSTRY	Warnen Co.	1.	12. CITIZEN OF WHAT COUNTRY?
	HENRY Wathe	ns		Mary	AME	
15 (Ye	WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16 of service)	SECURITY NO.	MINNIE BANK	is Meculi	loh ST.
NOI	DISEASE OR CONDITION IN LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complete the complete that the complete thas the complete that the complete that the complete that the comp	H (dying, e.g., ns the disease, aused death.) ES ANY, GIVING STATING THE		OF DEATH	ovascular Dis	ONSET AND DEATH
CERTIFICATION	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT INTO THE DISEASE OR CONDITION	TIONS CON- NOT RELATED CAUSING IT.	(C)			20, AUTOPSY?
	19A. DATE OF OPERATION 19					YES NO
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		OF INJURY (e. g., actory, street, office bldg.,		f in Baltimore City, g	rive exact location)
Σ	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. WHILL M. WO			OCCUR?	
22	the evidence obtained by and death in my opinion 23A. SIGNATURE BURIAL. GREMA- PN. REMOVAL GREMA- PN. REMOVAL GREMA- PN. REMOVAL GREMA- PROPERTY OF THE PROPE	said Autopsy resulted from	, Inspection or it natural cause	Autopsy, 1 Inquiry, find that said de s ☑, accident ☐, suicide 238. CHIEF MEDICAL I ASSISTANT MEDICAL I MEDICAL INVESTIGAT	Inspection or Inquiry receased died on th , homicide , we say the same of the	e day stated above, ndetermined []. c. DATE SIGNED ec. 27, 1950
	ATE RECEIVED BY REGISTRAR'S COLL REGISTRAR FOR 1950	S SIGNATURE	serb., i	Mrs. Lates, R. W	Illians	Lehreder St
V	S 151					9300



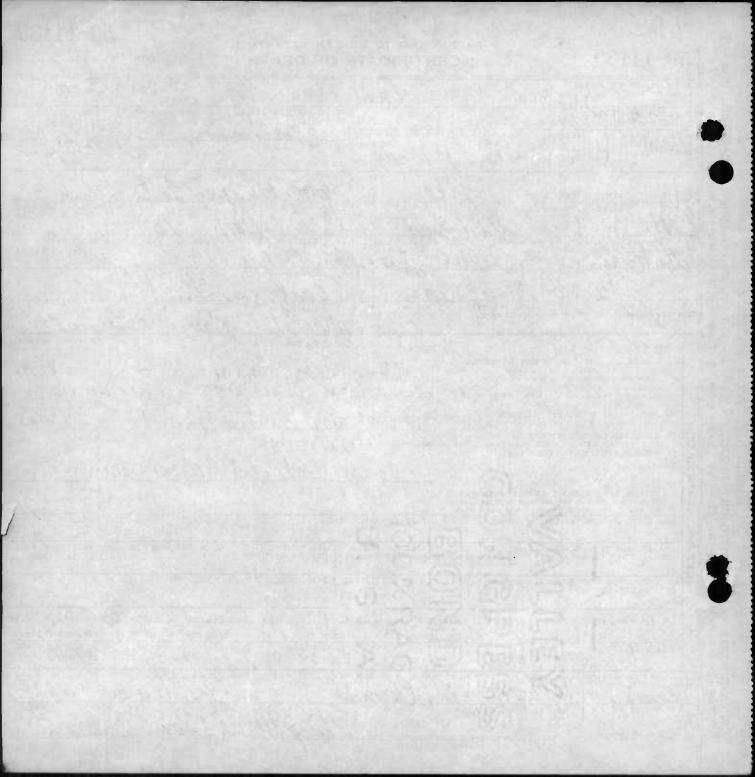
enestry of or 11st therias. (1)

50-11139 Registered No. Dectmber DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If cutside corporate limits write RUICAL last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location , 1948, to December, 1950, that I last saw the _m., from the causes and on the date stated above. 23c. DATE SIGNED

ADDRESS

VS 150

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BINDING	PLEASE WRITE PL WITH UNFADING INK. Every item of information should be c ally sapplied. The	correct age is especially a cortant. Physicians: please write the causes of death clearly and legislation
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MARGIN	WITH UNFADING	tant. Physicians:
	SE WRITE PL	age is especial, a for
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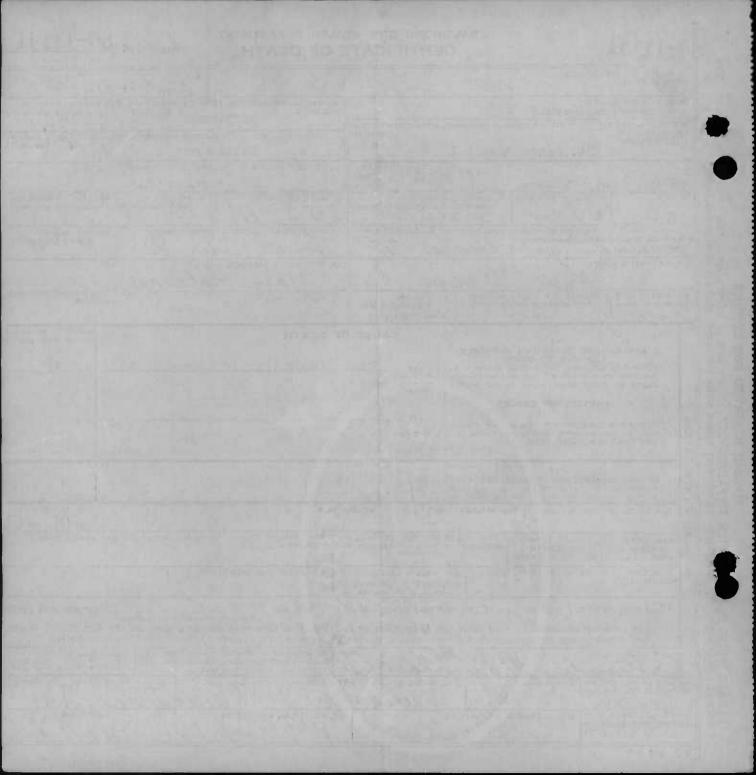
BIRTH NO.			TE OF DEATH Regist	ered No		
1. NAME OF D (Type or Print)		. Wingate	2. DATE OF DEATH	Dec. 27/50		
3. PLACE OF D	City, Maryland	\$	4. USUAL RESIDENCE (Where deceased)			
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institution, give street address location		of limits, write RERAL and give		
A	1330 W	ashington Blvd.	Balltimore	townshi		
c. Length of s	tay in BaltimoreL	ife Yr	s. 1330 Weshington Bly	,		
5. SEX Female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Spec	8. DATE OF BIRTH 9. AGE (In y			
ork done during most	of working life, even if retired)	Own Home	RY 11. BIRTHPLACE (State or foreign country)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
late Jan	nes R. Dayt	on	14. MOTHER'S MAIDEN NAME Etta Shorter			
15. WAS DECEAS. (Yes, no or unknown)	D EVER IN U. S. ARMER (If yes, give wer or date	FORCES? 16. SOCIAL SECURITY NO	Son, WARREN Wingate, 13	30 Washington		
(This does heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA' not mean the mode of the asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	of dying, e.g., ins the disease, caused death.) DUE TO EES (B) STATING THE DUE TO	autition	2 year		
H TRIBUTIN	II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
19A. DATE C	F OPERATION () 1	98. MAJOR FINDINGS OF OF	PERATION	20. AUTOPSY?		
21A. ACCIDI HOMICIDE	ENT, SUICIDE. (Specify)	21B. PLACE OF INJURY (e. about bome, farm, factory, street, office bl	g., in or 21c. WHERE DID (If in Baltimore INJURY OCCUR?	City, give exact location)		
OF INJURY	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK					
22. I hereb	y certify that Latt	tended the deceased from 1, 19 50 and that death oc	10 2 1950 to Wee 2			
23A. SIGNA	TURE ON VIOLE	M. D.	238. 20DRESS Orner Wer	d on the date stated about 23c PATE STATE		
24A, BURIAL,	Dec. 2		erk, 3801 Frederick Rd.			
HON TREMOVAL (S						
DATE RECEIVE		S SIGNATURE	Harry H. With 4101	Address Admondson Ave		

010 To the same of Mila May we. 49/60 care var, a factored for the control of the THE WELL WITH STATE OF THE STAT

Dec. 27, 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location Herndon Ct. 9. AGE (in years If Under I Year last birthday) Months Days Hours Min. If Under 24 Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT_COUNTRY? a ADDRESS INTERVAL BETWEEN ONSET AND DEATH Brain tumor (cystic astrocytoma) 20. AUTOPSY? (If in Baltimore City, give exact location) thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED Dec. 28, 1950 24D, LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESA LOCAL REGISTRAR 151

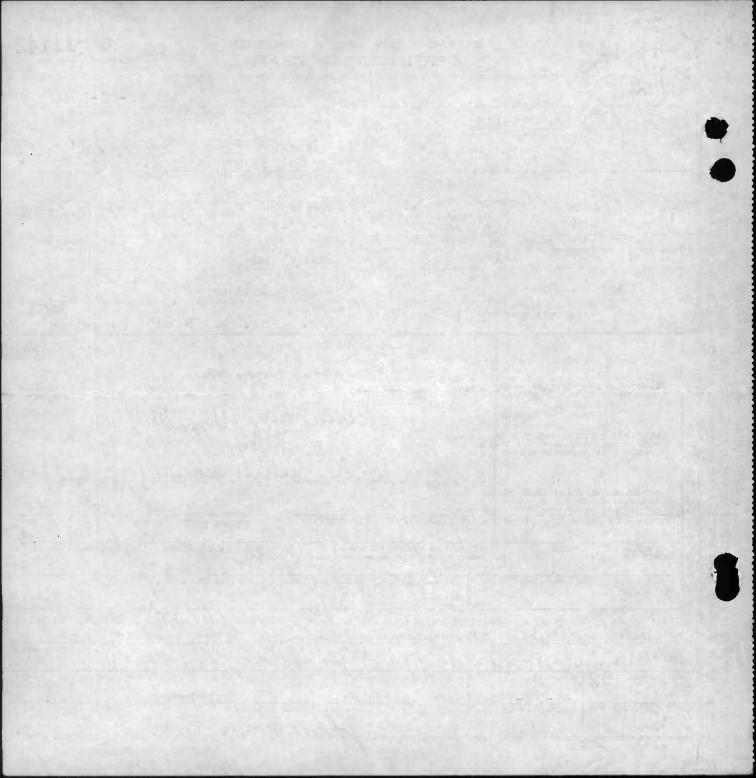
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 0-11141



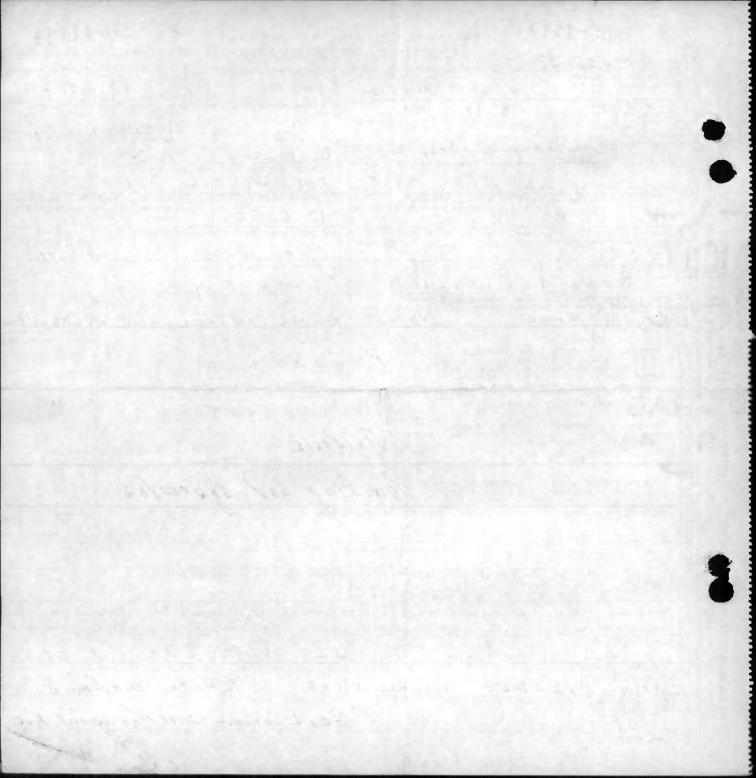
(T	NAME OF D	Will	iam J.	Posson					.2-25-	
Α.	Baltimore (City, Maryland		Ore tion, give street a		4. USUAL RESIDA. STATE	yland	B. COUNT		tion: residence before admiss
H	OSPITAL OR NSTITUTION		Greenw		location)	c. CITY OR TOW Balti	N (If	outside corporate	limits, wert	RORAL and town
c.	Length of s	tay in Baltimore		life	Yrs. Mos. Days	3806 0			n)	
ME	ale	6.COLOR OR RACE	Marr	E. MARRIED. VED, DIVORCEI 10d		8. DATE OF BIRT	Н	9. AGE (In year		Year II Under 24 Days Hours
II (e tire	CUPATION (Give kied of working life, even if retired	.2)	Coveri	DUCTEUR	11. BIRTHPLACE Marylar		reign country)		HAT COUNT
		es W. Boss			(1)	Mary D				
15 (Ye	5. WAS DECEASE se, no or unknown)	D EVER IN U.S. ARMI (If yes, give war or dat	ED FORCES? tes of service)	16. SOCIAL SECURIT	Y NO.	17. INFORMANT	or G	Focon	ADDRES	ss 3306
7	(This does heart failu	SE OR CONDITION LEADING TO DE, not mean the mode re, asthenia, etc. It m complication which	ATH of dying, e. eans the disea caused deat	g., (A) se, h.) DUE TO	Cond	Mrs. Mar of DEATH may the	romb	ris	OI	TERVAL BETV
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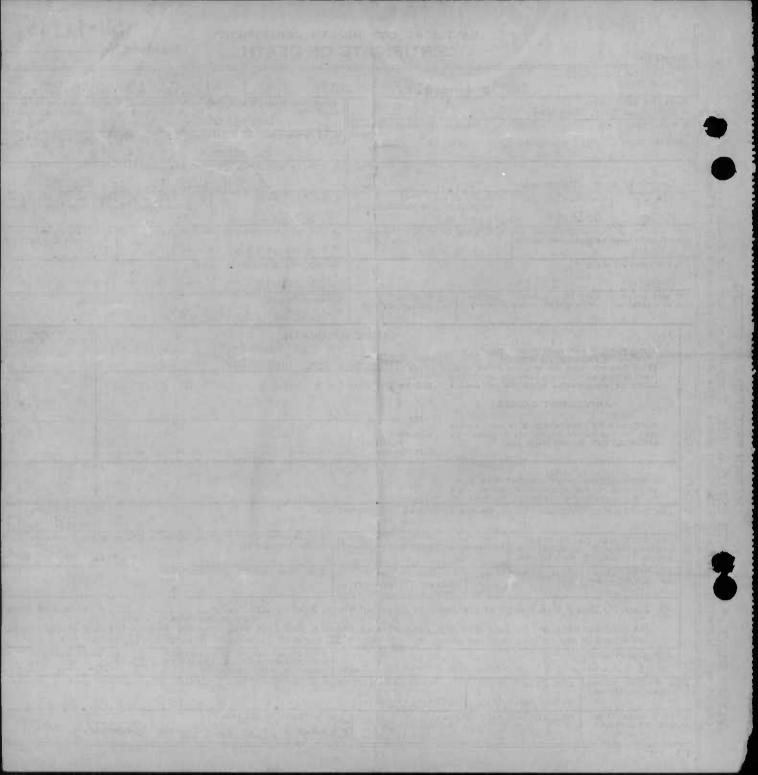
PH	55	50-11143			EALTH DEPARTMENT	Registered N	11143
	IRTH NO.		•	LERIFICATI	E OF DEATH		10.
1. (T	NAME OF D ype or Print)	Henr	iet ta	Blumenthal		of Death	.27, 1950
A.		City, Maryland	Baltimo		4. USUAL RESIDENCE (W		institution: residence before admission
H	OSPITAL OR	of (If not in hospit Marlborough		n, give street address or location)		outside corporate limi Maryland	s, write RUNAL and give
c. Length of stay in Baltimore lifetime Mos. Days					D. STREET ADDRESS (If 1700 Eutaw P.		
5.	sex Temale	6. COLOR OR RACE White	7. SINGLE, WIDOWE		B. DATE OF BIRTH Sept.15,1868	9. AGE (In years last birthday) Mo	Under 1 Year M Under 24 Hours Min.
worl	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY				Baltimore, M	d.	12. CITIZEN OF WHAT COUNTRY
11	FATHER'S	Blumenthal			Jeannetta St		
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Medvin Rosen	Al	oga Pkwy.
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERL' OTHER STRIBUTION TO THE DE	SOR CONDITION LEADING TO DEA's not mean the mode of th	TH of dying, e.g., ns the disease, eaused death.) SES F ANY, GIVING STATING THE ST. TIONS CON- NOT RELATED I CAUSING IT.	(B)	Scleithe	aended artein direns	ONSET AND DEATH
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	OF INJURY	(Month) (Day) (Year)	WE	IE. INJURY OCCURR		OCCUR?	
							that I last saw the date stated above 235. DATE SIGNED
	AA. BURIAL, CON. REMOVAL (S Buria.	pecify	,1950	C. NAME OF CEMETE		Baltimore,	
	ATE RECEIVE	RAR	SIGNATUR	liants, 11 =	75 FUNERAU DIRECTOR	u Nov 1902	ADDRESS Lutaw Place
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5				ВА		EALTH DEPARTMENT E OF DEATH	Registered No	
The		NAME OF DECE	ACED					
	(".	Type or Print)	ZA	NNIe (Mazell)	SMITH		25, 1950
plied.	3 A	Baltimore City	r. Maryland B	alto.	City	4. USUAL RESIDENCE (W	B. COUNTY	stitution: residence before admission)
	В.	FULL NAME OF OSPITAL OR	('f not in hospit	al or institu	tion, give street address o location			
lly s	11	STITUTION	Johns Hopk	ins Hos	spital	c. CITY OR TOWN (If Baltimor	outside corporate limits,	township)
bry					Yrs. Mos.	D. STREET ADDRESS (If r		
cal		Length of stay		I6 Yrs	Days		Bond St., 3rd	
be 1d 1	2		COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify			hs: Days Hours Min.
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shon	wor	k done during most of wo	king life, even if retired)		O OF BUSINESS OR			2. CITIZEN OF WHAT COUNTRY?
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NG rmatio death	15	Emmett . WAS DECEASED E	Smith VER IN U. S. ARMEE	FORCES?	I 16. SOCIAL	Cormelia F	roster	
DII	(Ye	NO or unknown) (If yes, give war or date	of service)	SECURITY NO.	Charles Smith		ORESS
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R J		Annual Property of the Parket	OR CONDITION	DIRECTI Y		OF DEATH		ONSET AND OEATH
FOR item		LE	ADING TO DEA	TH		al hydrocephalus		
2.4		heart failure,	asthenia, etc. It mea	ns the diseas	8C.	sis of the aqueduc	t of Sylvius	
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	~				(B)		***************************************	
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H		19A. DATE OF C	PERATION	B. MAJON	TINDINGS OF OFE	TATION .		YES X NO
VITH tant.	DICAL	21A. EXTERNAL UNDERLYING	CAUSE WAS	218. PL	ACE OF INJURY (e. g., ferm, factory, street, office bldg.,	in or 21c. WHERE DID (If	in Baltimore City, giv	
žoo.	Ш	UTING CAU	SE OF DEATH.					
HE A	Σ	OF INJURY	th) (Day) (Year)	` '	21E. INJURY OCCURE WHILE AT NOT WHILE		OCCUR7	
				m.	WORK AT WORK	LI Autongy		
PL, ecia		22. I certify t	hat I took char	ge of the	remains described	above, held an Autopsy, I	nspection or Inquiry	thereon and from
		the evider and death	ee obtained by in my opinion	said Autoresulted	opsy, Inspection or from: natural cause	Inquiry, find that said deas S., accident , suicide	ceased died on the	day stated above, letermined .
PLEASE WRITE correct age is est		23A. SIGNATUR		Que	e-lun	238 CHIEF MEDICAL E ASSISTANT MEDICAL E 1.D. MEDICAL INVESTIGATO	XAMINER 23c.	c. 26, 1950
SE t a	2	AA. BURIAL, CREI	AA 248. DATE	10.00	24C. NAME OF CEMETE	RY OR CREMATORY 240. LC		county) (State)
EA		Removal	I2/31	/1050	Rockymount		acklinburg (Co. Va
PI	D	ATE RECEIVED B		SIGNATI	/ Klawa / 11	25 FUNERAL DIRECTOR		DDRESS
		1199951	4500	W. A.	7 11 11 11 11 11 11 11 11 11 11 11 11 11	condo my	1000 13100	my my
	V	S 151			970	2 4	Ø.	70 1



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	MARGIN RESERVED FOR BINDING
PL WITH	PL. WITH UNFADING INK. Every item of information should be callly piled. The
pecially important.	pecially important. Physicians: please write the causes of death clearly and legibry.

	50-111 BIRTH NO.	146 BALTIMORE CITY H	EALTH DEPARTMENT E OF DEATH	Registered No.	1146
	1. NAME OF DECEASED (Type or Print)	rd Harrison Scott		2. DATE OF	2050
. 3	a PLACE OF DEATH:		4. USUAL RESIDENCE (W	DEATH 12/24/ There deceased lived. If that B. COUNTY	itution: residence before admission)
	B. FULL NAME OF (If not in hor HOSPITAL OR INSTITUTION	spital or institution, give street address o location		outside corporate limit, w	rite HURAL and give
÷ -	I2I9 Madis	on Avenue	Baltimore C	rural give location)	· · · · · · · · · · · · · · · · · · ·
egn	c. Length of stay in Baltimore	Mos.			
and	5. SEX 6. COLOR OR RAC		8. DATE OF BIRTH		Days Hours Min.
1 1	IOA. USUAL OCCUPATION (Give kin ork done during most of working life, even if reti Red Cap Porter	ndof 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 12.	CITIZEN OF WHAT COUNTRY?
death	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Unkown 15. was deceased ever in u, s. ar		Unkown		
the causes of	Yes, no or unknown) (If yes, give war or	dates of service) 16. SOCIAL SECURITY NO.	Margaret Scott	TOTO Medico	
CERTIFICATION	RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	S, IF ANY, GIVING (A) STATING THE DUE TO I LAST. (C)			
Phy P	TRIBUTING TO THE DEATH, B	TON CAUSING IT.			
)T.	194. DATE OF OPERATION	198, MAJOR FINDINGS OF OPE	RATION		YES NO
ortant.	CALISE OF DEATH			If in Baltimore City, give	exact location)
G 4	21D. TIME (Month) (Day) (Ye	ear) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY	Y OCCUR?	
ME	OF INJURY	m. WHILE AT NOT WHILE	1		
ME	OF INJURY	attended the deceased from	ely 5 ,1950 tolle	c. 24, 1910t	late stated above.
e is especially lift	of INJURY 22. I hereby certify that I deceased alive on 12. 23. SIGNATURE	attended the deceased from 1950, and that death occur	irred at 4 P. m., from to 23B. ADDRESS 1.420 C. Ch	he causes and on the	date stated above 3c. DATE SIGNED 12.28.50
age is especially inter-	OF INJURY 22. I hereby certify that I deceased alive on 2 23. SIGNATURE 24A. BURIAL, CREMA- 24B. DLT TION, REMOVAL (Specify)	attended the deceased from 19-0. and that death occur	1950 to le rred at 4 . m., from to 23B. ADDRESS 1.4.26 C. Che ERY OR CREMATORY 24D. L.	he causes and on the	date stated above 3c. DATE SIGNED 12.28.50
rrect age is especially imp	OF INJURY 22. I hereby certify that I deceased alive on 23. SIGNATURE 24A. BURIAL. CREMA- 24B. DATTION, REMOVAL (Specify) Burial 12/	attended the deceased from 1950, and that death occur	1.4 20 C. Chuery or CREMATORY 24D. L.	he causes and on the	date stated above. 3c. DATE SIGNED 12.28.50

god betrebel per strain of Street Street Street Charles I will be a street of the str

REGISTRAR'S

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

C. CITY OR TOWN

59-111117

(If outside corporate limits, write RURAL and give

before admission)

rs. los.	13ALTIMORE	township)
	D. STREET ADDRESS (If rural, give location)	
ays	603NFREMONT AVE	
ecify)	10/26/1911 Blast birthday) Month	er I Year M. Under 24 Hours BB: Days Hours Min.
RY	11. BIRTHPLACE (State or foreign country) ELLICOTT CITY MD.	WHAT COUNTRY?
	14. MOTHER'S MAIDEN NAME	
	ELLA WASHINGTON	
0.	17. INFORMANT ADD	RESS
		OFF CITY, NO.
	OF DEATH	ONSET AND DEATH
اره	mary Occlusion	amelite
		1
jai	tensine Cardio Vascular Disease	6 months
-		
DEP	ATION	1.20 1117222
PER.	ATION	20. AUTOPSY7
g., io	or 21c. WHERE DID (If in Baltimore City, give	YES NO
g., io	or 21c. WHERE DID (If in Baltimore City, give	YES NO
g., io	o or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?	YES NO
. g., io	o or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?	YES NO Person No
JRRE	oor 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?	YES NO PERCENT NO PERC
JRRE	21c. WHERE DID (If in Baltimore City, give INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 1950, to 12-24, 195, to red at 3 4 6 n., from the causes and on the	YES NO hat I last saw the date stated above.
JRRE	21c. WHERE DID (If in Baltimore City, give INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 1950, to 12-24, 195, to red at 3 Amn., from the causes and on the causes and on the causes.	YES NO PERCENT NO PERC
JRRE HILE Cour	oor 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 1950, to 12-24, 195, to red at 313 Amn., from the causes and on the causes and on the causes.	hat I last saw the date stated above.
JRRE HILE Cour	21c. WHERE DID (If in Baltimore City, give INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 1950, to 2 - 24, 195, to red at 3 Amn., from the causes and on the causes and on the causes and on the causes are considered. 1243 Waltimore Core.	hat I last saw the date stated above. 23c. DATE SIGNED 2-27-50 county) (State)
JRRE HILE Cour	21c. WHERE DID (If in Baltimore City, give INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 1950, to 12-24, 1950, to red at 3 Amn., from the causes and on the causes and on the causes are considered. 38. ADDRESS 12 4.3 Marking Coc. RYOR CREMATORY 240. LOCATION (City, town, or Coc.)	hat I last saw the date stated above. 23c. DATE SIGNED 2-27-50 county) (State)
JRRE HILE Cour	21c. WHERE DID (If in Baltimore City, give INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 1950, to 2 - 24, 195, to red at 3 Amn., from the causes and on the causes and on the causes and on the causes are considered. 1243 Waltimore Core.	hat I last saw the date stated above. 23c. DATE SIGNED 2-27-50 county) (State)

2. DATE

OF

DEATH

B. COUNTY

4. USUAL RESIDENCE (Where deceased lived, If institution : residence

VS 150

TE RECEIVED BY

YMULANIE, 1

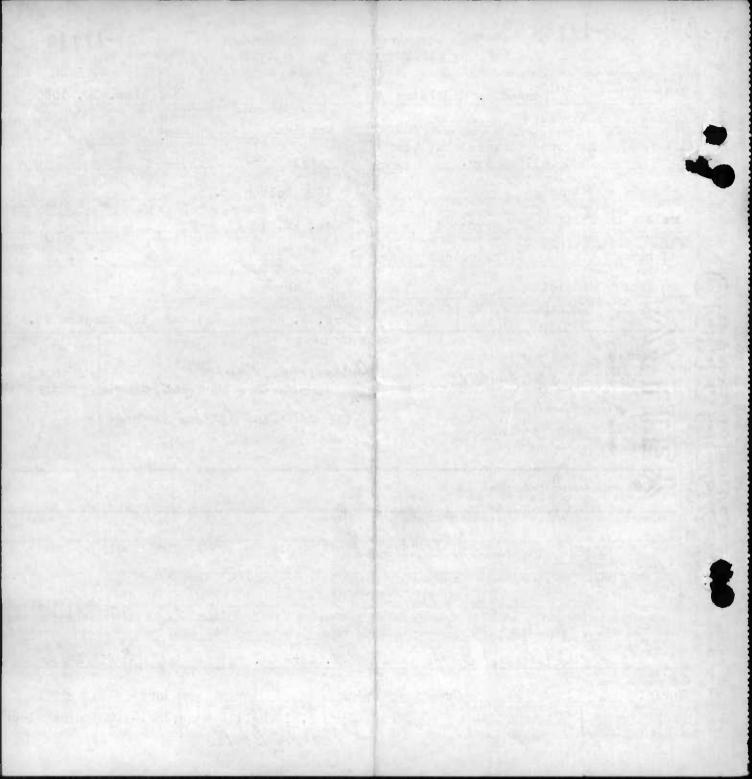
Cleck & Cower Dr. R. B. Klygin / J. X-V-

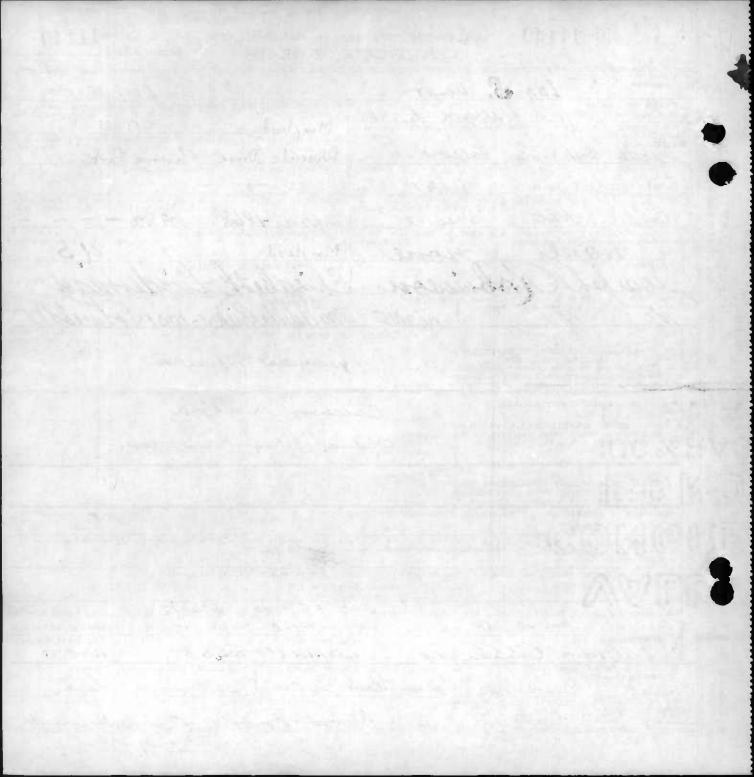
		-	1
PLEASE WRITE PI WITH UNFADING INK. Every item of information sho correct age is especially emportant. Physicians: please write the causes of death clearly	y item of information should the causes of death clearly ar	be coully pplied. The John lep w.	M -
MEDICAL CERTIFICATION	1C work	3. A. B. H. J.N	13
A. USUAL OCCUPATION (Given to deceased alive on usual occupation) 18. Joseph Middle to George Middle to Geo	Dale White A. USUAL OCCUPATION (Give) k done-during most of working life, even if re clergyman B. FATHER'S NAME George Middle to S. WAS DECEASED EVER IN U. S. A M. no or uokoown) 18. DISEASE OR CONDITI (This does not mean the meant failure, nsthenia, etc. I'	NAME OF DECEASED Cype or Print) PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in both compital or both compi	43 50-11148

BALTIMORE CITY HEALTH DEPARTMENT

50-11148 Registered No.

1	IRTH NO.			CERTIFICATI			
(T	NAME OF D		. 0 3			2. DATE.	
			nd S. M	iddleton			28, 1950
	Baltimore (City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, I: B. COUNTY	institution: residence before admission)
	FULL NAME			ion, give street address or		none	
IN	INSTITUTION Lagewood Convalescent nome				C. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give township)
1	0	6000 Bellor	na Ave.	00 1	Baltimore D. STREET ADDRESS		10
	Tanadh . e .	4 to D. 101		22 Yrs. Mos.			
	SEX	tay in Baltimore	7 SINGI	Days E. MARRIED.	1628 Bolton S		If Under 1 Year If Under 24 Hours
	male .	white	divor	ED, DIVORCED (Specify)	Jan. 16, 1862	last birthday) M	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B, KINE	OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF
	clergyma		Protes	tant Episcopal	New York Ci	ty	U. S.
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
		e Middleton			Mary		
15 (Ye	. WAS DECEASE	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
`				SECORITI NO.	Mrs. B. Haywood	Wallace 1628	Bolton St.
	18. / 7	7x	-17.55	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	0 -			ONSET AND DEATH
	(This does	LEADING TO DEAT	f dying, e. i	s., (A) Was	Abenoma Pr	tale	18mm
	heart failu injury or	re, asthenia, etc. It mea complication which c	ns the diseas aused death	e,			
	DATE OF	ANTECEDENT CAUS	re.		4 1	D.	
7	75-12 T	ANTECEDENT CAUS	153	a ar	Euroclustu	erebro bescul	u
0	DISEASES	S OR CONDITIONS, 18 THE ABOVE CAUSE (A)	F ANY, GIVIN	IG .	11.1		
AT	UNDERLY	YING CONDITION LA	ST.	(C)	Carrie Carrie		
ERTIFICATION				(0)			***************************************
Z.	OTHER S	II IIGNIFICANT CONDI	TIONS CO				
EF	TRIBUTING	TO THE DEATH, BUT	NOT RELATI	n .			
U		ISENSE ON CONDITION					
	19A, DATE C			Т	RATION		20 AUTOPEY?
A L	19A, DATE C				RATION		20. AUTOPSY?
IEDICAL		DENT WAS UNDER-	98. MAJOR	Т	n or 21c. WHERE DID	(If in Baltimore City,	YES NO
MEDICAL	21A. ACCID LYING OF CAUSE OF	DENT WAS UNDER-	218. PL/about home,	FINDINGS OF OPER	n or 21c. WHERE DID stc.) INJURY OCCUR?		YES NO
MEDICAL	21A. ACCID LYING OI CAUSE OF	DE OPERATION 0 1 DENT WAS UNDER- R CONTRIBUTING DEATH	218. PL/about home,	FINDINGS OF OPER ACE OF INJURY (e.g., in farm, factory, street, office bldg., e 21E. INJURY OCCURRI	n or 21c. WHERE DID stc.) INJURY OCCUR?		YES NO
MEDICAL	21A. ACCID LYING OI CAUSE OF 21D. TIME OF INJURY	PENT WAS UNDER- R CONTRIBUTING DEATH	218. PL/about home, (Hour) m.	FINDINGS OF OPER ACE OF INJURY (e.g., in farm, factory, street, office bldg., e 21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK	B or 21c, WHERE DID INJURY OCCUR? ED 21f, HOW DID INJURY	JRY OCCUR?	YES NO give exact location)
MEDICAL	21A. ACCID LYING OI CAUSE OF 21D. TIME OF INJURY	PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	218. PL/about home. (Hour) m.	FINDINGS OF OPER ACE OF INJURY (e.g., in farm, factory, street, office bldg., e.g., in the street, office bldg., e.g., i	ED 21F. HOW DID INJURY 0, 1947, to	JRY OCCUR?	give exact location) 2, that I last saw the
MEDICAL	21A. ACCID LYING OI CAUSE OF 21D. TIME OF INJURY	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year) y certify that I att	218. PL/about home. (Hour) m.	FINDINGS OF OPER ACE OF INJURY (e.g., in farm, factory, street, office bldg., e.g., in the street of the street o	B or 21c, WHERE DID INJURY OCCUR? ED 21f, HOW DID INJURY	JRY OCCUR?	give exact location) 2, that I last saw the
MEDICAL	21A. ACCID LYING OI CAUSE OF 21D. TIME OF INJURY	DE OPERATION O 1 DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year) We certify that I att live on Williams TURE	218. PL/about home. (Hour) m.	FINDINGS OF OPER ACE OF INJURY (e.g., in farm, factory, street, office bldg., e.g., in the street of the street o	ED 216. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY, 1942, to- rred at 3.002, m., from	JRY OCCUR?	give exact location) 2, that I last saw the he date stated above.
Σ	21A. ACCID LYING OI CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased at 23A. SIGNA	DE OPERATION O 1 DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year) W certify that I att live on William TURE	9B. MAJOR 21B. PL about home, (Hour) m. m. eended the	FINDINGS OF OPER ACE OF INJURY (e.g., inform, factory, street, office bldg., e.g., information of the control	ED 21f. HOW DID INJURY 0, 1947, to- rred at 3.008, m., from	JRY OCCUR? Jernary 27, 190 n the causes and on t	give exact location) 2, that I last saw the he date stated above. 23c. DATE SIGNED 12/28/50
24	21A. ACCID LYING OI CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased at 23A. SIGNA	DE OPERATION O 1 DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year) W certify that I att live on William TURE	218. PL/about home, (Hour) m. teended the	FINDINGS OF OPER ACE OF INJURY (e. g., inform, factory, street, office bldg., e 21e. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK deceased from and that death owner M. D. 4 243. NAME OF CEMETE	ED 216. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY 1947, to- rred at 3.09.m., from 38. ADDRESS 1 E. 33rd St. RY OR CREMATORY 246	Jesting 27, 190 n the causes and on to Location (City, town	give exact location) 2, that I last saw the he date stated above. 23c. DATE SIGNED 12/28/50
24 Tic b	21A. ACCID LYING OI CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased at 23A. SIGNA 4A. BORIAL (SO ON, REMOVAL (SO OUTIAL	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year) W certify that I att live on Standard TURE CREMA- Specify) 12/30/50 D BY REGISTRAR	218. PL/about home, (Hour) m. rended the 271920. S SIGNATU	FINDINGS OF OPER ACE OF INJURY (e. g., in larm, factory, street, office bldg., e. g., in work while at work work and that death owner and that death owner when the control of the contro	21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY 21f. HOW DID INJUR	DRY OCCUR? Distribute 27, 199 In the causes and on the causes and on the causes and on the causes. LOCATION (City, town to be a second control of the causes)	give exact location) 2, that I last saw the he date stated above. 23c. DATE SIGNED 12/28/50 . or county) (State)
24 Tio	21A. ACCID LYING OI CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased al 23A. SIGNA 4A. BÜRIAL (SOURIAL)	DE OPERATION O 1 DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year) W certify that I att Rive on Standard TURE CREMA- Specify) 12/30/50 D BY REGISTRAR	218. PL/about home, (Hour) m. rended the 271920. S SIGNATU	FINDINGS OF OPER ACE OF INJURY (e. g., in larm, factory, street, office bldg., e. g., in work while at work work and that death owner and that death owner when the control of the contro	21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY 1947, to rred at 3.00 m., from 138. ADDRESS 1 E. 33rd St. RY OR CREMATORY 240 m.	DRY OCCUR? Distribute 27, 199 In the causes and on the causes and on the causes and on the causes. LOCATION (City, town to be a second control of the causes)	give exact location) 2, that I last saw the he date stated above. 23c. DATE SIGNED 12/28/50 . or county) (State)





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RESERV	G INK. E	please wr
MARGIN	UNFADIN	Physicians
	PLEASE WRITE P. , WITH UNFADING INK. Every item	Important.
	田田	speciariy
	E WRIT	age is e
	AS	ct

	5	0-11150				×	50 -111 50
1	200	1.0757			EALTH DEPARTMENT E OF DEATH	Register	ed No.
(====	NAME OF D					2. DATE	
	Type or Print)	William	Erwin C	orn		0.5	ec. 21, 1950
	Baltimore (4. USUAL RESIDENCE (W		
B.	FULL NAME		tal or instituti	ion, give street address or	1/ 0		e. Da
	OSPITAL OR			location)		+	limits, write RURAL and give township)
		Sinai	Hospita	Yrs.	D. STREET ADDRESS (If		Mach
1		tay in Baltimore	18 h	Mos. Days	5 Torque Way	# 22	23.00
	SEX	6. COLOR OR RACE		E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months Days Hours Min.
1	(ale	White CUPATION (Give kindo	3		Dec. 20, 1950		18
wor	k done during most o	of worklog life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore, md.	reign country)	12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S N				14. MOTHER'S MAIDEN NA	AME	
		Andrew I			Willa Lee Whitn	ey 5 To:	rque Way. # 22
(Ye	o, no or unknown)	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Mother.		INTERVAL BETWEEN
z	(This does heart failu	E OR CONDITION LEADING TO DE/ not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU	of dying, e. g ans the diseas caused death	e,	shown of the	lun	
ERTIFICATION	RISE TO T	S OR CONDITIONS, HE ABOVE CAUSE (A YING CONDITION L	STATING TH	G DUE TO		J	
CERTI	TRIBUTING	II IGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D T			
SAL			19B. MAJOR	FINDINGS OF OPER	RATION		YES NO
MEDIC	HOMICIDE	NT. SUICIDE, (Specify)		CE OF INJURY (e. g., i arm,factory,street,officebldg.,		f in Baltimore C	ity, give exact location)
	21D. TIME (OF INJURY	Month) (Day) (Year		VHILE AT WORK NOT WHILE	ED 21F, HOW DID INJURY	OCCUR?	
	deceased al	y certify that Lat		deceased fromand that death occur	3/21/50, 19_, to 3 rred dt 3 P m., from the		9, that I last saw the
	23A. SIGNA	le n. Ris	tren	м. D.	38. ADDRESS Sinai	Thop	23C. DATE SIGNED
TI	4A. BURIAL, (ON, REMOVAL (S	Pecify)	2	24c. NAME OF CEMETE	WHILE SAPPRINGS AND COME	2 8 1950	own, or couply) (State)
0	EC 2519	D BY REGISTRAR	s signatu	P. Williamik, M.	25. FUNERAL DIRECTOR	alth	ADDRESS
	VS 150		ki		7.4.4		159

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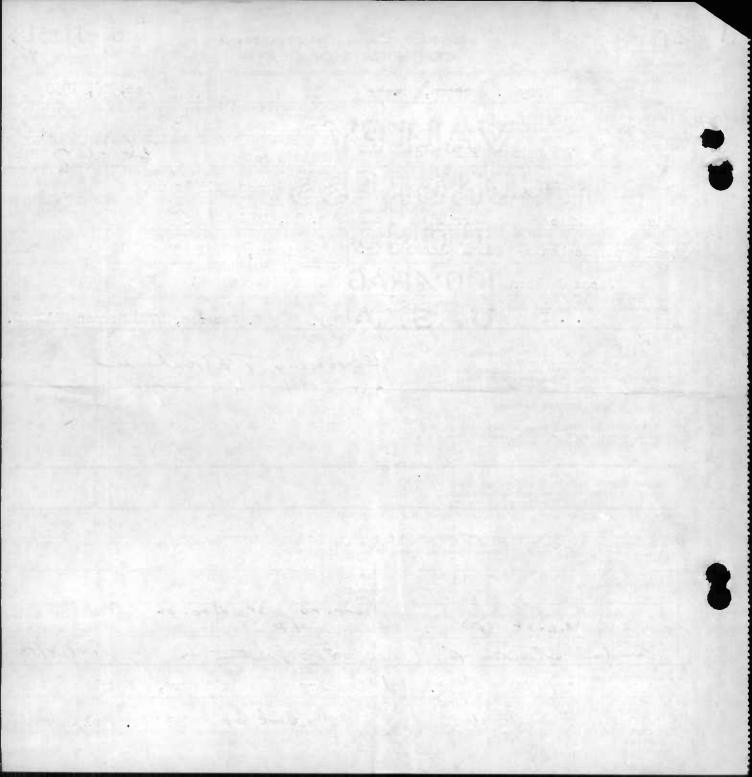
BALTIMORE CITY HEALTH DEPARTMENT

50-11151

BIRTH NO.) JL	(CERTIFICAT	E OF DEATH	- Register	red No
	DECEASED Harry	M. Jacks	son, Sr.		2. DATE OF DEATH	ec. 26, 1950
	e City, Maryland			A. STATE		ed. If institution : residence before admission
B. FULL NAI HOSPITAL C INSTITUTIO	OR		on, give street address on location Road		(If outside corporate	limits, write HURAL and give township
c. Length o	of stay in Baltimore		Yrs. Mos. Days		ss (If rural, give location Hill Road	on)
5. sex	6. COLOR DR RACE	Marr	MARRIED, ED, DIVORCED (Specify	B. DATE OF BIRTH Dec. 12, 189	In at hinth day	(r) If Under 1 Year Hours Min
work done during n	OCCUPATION (Give kind of nost of working life, even if retired)	Gas & I	of Business or Electric Co.	Baltimore,	tate or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER	Jesse Jackson		154 5 5 6	14. MOTHER'S MAI Susan Rebec		
15. WAS DECI (Yes, so or usknown	EASED EVER IN U, S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Jackson, 6708	ADDRESS German Hill Rd
RISE T UNDE	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) RLYING CONDITION LA	F ANY, GIVING STATING THE AST.	(C)		A	
LU TRIBUT	R SIGNIFICANT CONDITING TO THE DEATH, BUT E DISEASE OR CONDITION	NOT RELATED				
CAL	E OF OPERATION ()				1	YES NO
LYING	CIDENT WAS UNDER- OR CONTRIBUTING DEATH	about home, far	CE OF INJURY (e. g., rm, factory, street, office bldg.,	etc.) 21c. WHERE DI	D (If in Baltimore C	City, give exact location)
OF INJUI		m.	1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
deceased 23A. SIG	dalive on Asc. 76	tended the d	nd that death occu	rred at 4 P m., 238. ADDRESS 25-9 fact	from the causes and	19 5, that I last saw the on the date stated above
	CREMA-L CAT DATE	4440 14	M. D.			17/28/58
tion, REMOVA burial	L (Specify) 248. DATE 12/30/50		4c. NAME OF CEMETE Mt. Carmel Ce	RY DR CREMATORY	24b. LOCATION (City. Baltimore,	17/28/58

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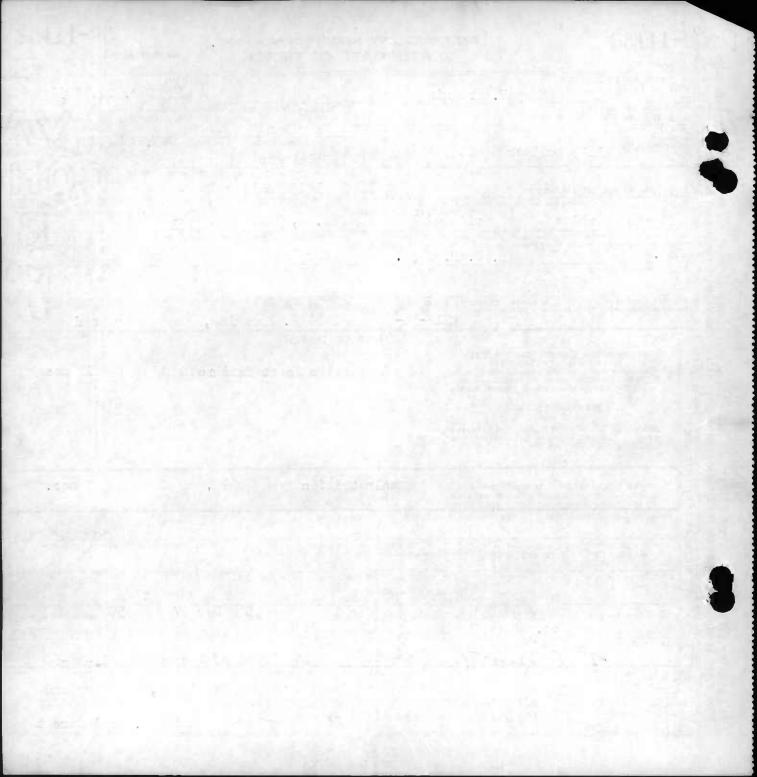


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h-	11152	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50-11152
istored	No

BIRTH NO.		CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF (Type or Print)		V. Browning	BE DELEN	2. DATE OF DEC.	27, 1950
3. PLACE OF			4. USUAL RESIDENCE (
B. FULL NAME		al or institution, give street address of	Maryland		X
HOSPITAL OR INSTITUTION	1033 McAleen	c Court	Baltimore (If outside corporate lin	nits, write RURAL and giv.
c. Length of	stay in Baltimore	Yrs. Mos. Days	1033 McAleer		
5. sex female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify WILOWED	Jan. 6, 1889	9. AGE (in years last birthday)	H Under 1 Year H Under 24 Hours Months Days Hours Min.
work dane during mos	CCUPATION (Givekind of tof working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME ? Selby	UPDERWOON (7)	14. MOTHER'S MAIDEN N		
15. WAS DECEAS	SED EVER IN U. S. ARMED	o Forces? 16. SOCIAL SECURITY NO. 212-10-4664	17. INFORMANT Earl F. Brownin		ADDRESS
Z O DISEASE RISE TO	ANTECEDENT CAUSES OR CONDITIONS, IITHE ABOVE CAUSE (A)	F ANY, GIVING STATING THE DUE TO			
III TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	rition, pertrophic	G.	3 mos.
		98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCI	DENT WAS UNDER- OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, nffice bldg.,		(If in Baltimore City	, give exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		Y OCCUR?	
22. I herei deceased a	live on Dec. 26	ended the deceased from Jar , 1950, and that death occur	1 1 , 19 50 to 1 19 19 19 19 19 19 19 19 19 19 19 19 1	Dec 27, 19.	50, that I last saw the the date stated above
24A. BURIAL.	CREMA-1 24B, DATE	worth took	2431 Maryland	Avente	12-28-50
burial	12/30/5			altimore,	Maryland
DATE RECEIVE	D BY REGISTRAR'S	s signature	Nm. Cook, Inc.		ADDRESS Paul Street
VS 150	1330	690	46		93E



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UNFADING Physicians: p

portant.

PLEASE WRITE correct age is esp

clearly

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED 2. DATE (Type or Print) William McJilton DEATH Dec. 27, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1288 Battery Avenue township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1288 Battery Avenue c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years H Under 1 Year H Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) white male April 3, 1880 Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dane during most of working life, even if retired) P. Telephone WHAT COUNTRY? Maryland Lineman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas McJilton Barbara Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war nr dates of service) (Yee, no or unknown) SECURITY NO. yes W. W. Mrs. Hannah McJilton, 1288 Battery Ave. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) Ū. RTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from - Vice. 26 1950/ to plac 2779599 ... that I last saw the deceased alive on Alexx 1950 and that death occurred at 7066 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 12/28/50 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Loudon Park Cemetery burial Baltimore. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

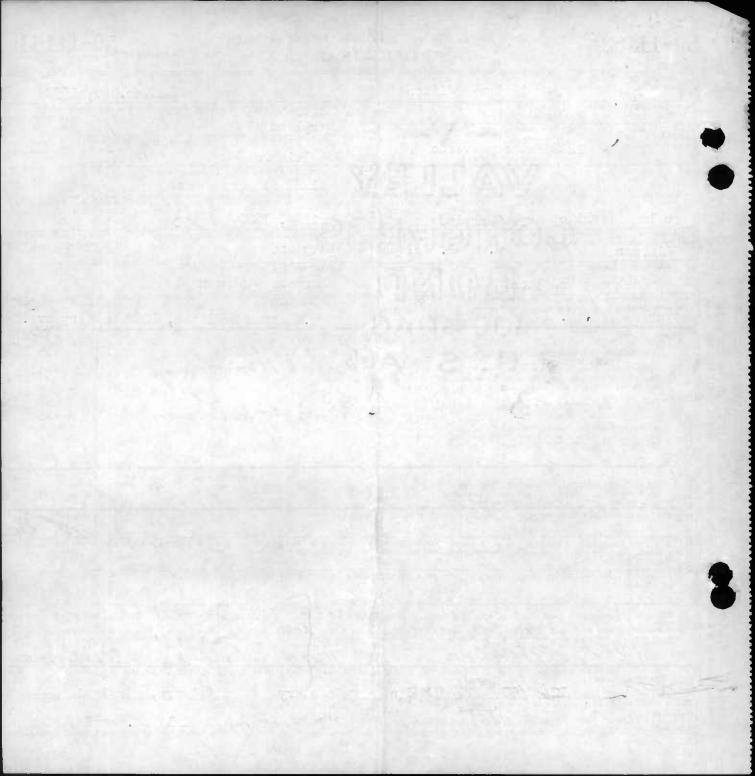
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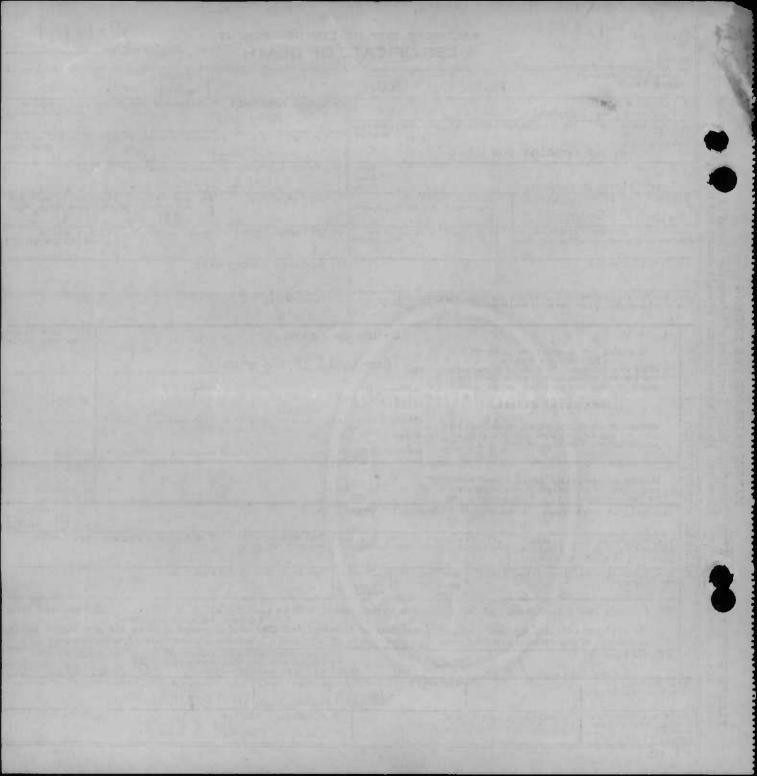
Thesation Williams, 11

Nm. Book Inc

1217 St. Paul Street



3	RTH NO.			BA	CERTIFICA	TE OF DEATH	Regist	50-11154 ered No
1.	NAME OF D	ECEASED					2. DATE	
	'ype or Print)			FRANK	SCOTT		OF DEATH	Dec. 14, 1950
	Baltimore		land			A STATE	B COLIN	ived. If institution: residence NTY before admiss
	FULL NAME	OF (If no	t in hospita	al or institu	tion, give street address location			1
	ISTITUTION.	ohns Hop	kins l	Hospita		c. CITY OR TOWN Baltime		te limits write RURAL and towns
				T.	Yrs			tion)
c.	Length of s				Mor Day	1507 E.	. Fayette S	st.
	SEX	6. COLOR C			E, MARRIED, VED, DIVORCED (Speci	8. DATE OF BIRTH	9. AGE (In ye last birthda	ears if Under I Year if Under 24 ay) Months: Days Hours: 1
	fale	Colore		U		U	_ 53	
ork	A. USUAL OC done during most	of working life, ave	Give kind of en If retired)		D OF BUSINESS OR INDUST		or foreign country)	12. CITIZEN OF WHAT COUNT
13	. FATHER'S	VAME		K		14. MOMHER'S MAIDEN	NAME	
					0	0	· NAME	
15	. WAS DECEAS	ED EVER IN U		FORCES?	W6. SOCIAL	17. INFORMANT		ADDRESS
I e	s, no or unknown)	(If yes, give	war or dates	of service)	N SECURITY NO.	N		ADDITESS
	(This doe heart fail	SE OR CON LEADING s not mean thure, asthenia, complication	TO DEAT he mode o etc. It mea	TH f dying, e. ns the disea	g., (A) Carc	inoma of the sto	nach	ONSE! AND D
2	(This doe heart fail' injury or DISEASE RISE TO UNDERL	LEADING S not mean the complication ANTECEDER S OR CONDITION THE ABOVE CAYING COND GIGNIFICAN TO THE DEA	TO DEATH MADE TO TO THE TOTAL THE	FH f dying, e. ns the disca aused deat GES F ANY, GIVI STATING T ST. TIONS CO NOT RELAT	g., (A) Carc se, (b)	inoma of the sto	nach	ONSET AND DE
FKI	(This doe heart fail' injury or DISEASE RISE TO UNDERL	S LEADING S NOT mean the same	TO DEATH MADE TO THE MADE TO T	ITH If dying, e. In the disea aused deat EES FANY, GIVI STATING T ST. TIONS CO NOT RELAT CAUSING	g., (A) Carc se, (b)	inoma of the sto	nach	20. AUTOPSY
ERT	(This doe heart fail' injury or DISEASE RISE TO UNDERL	LEADING S not mean the complication ANTECEDER S OR CONDITION THE ABOVE CAYING COND SIGNIFICANT TO THE DEVISEASE OR CONDITION TO THE DEVISEATE OR CONDITION TO THE DEVISEASE OR CONDITION T	TO DEATH MADE TO THE MADE TO T	FH f dying, e. ns the disea aused deat SES F ANY, GIVI STATING T ST. TIONS CO NOT RELAT CAUSING 9B. MAJOR	g., (A) Carc se, h.) DUE TO (B) NG HE DUE TO (C) PED IT	inoma of the stor		20. AUTOPSY YES NO
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EDICAL CERTI	OTHER STRIBUTION TO THE COLOR UNDERLY UNDERLY UTING COLOR UNDERLY	ELADING S not mean to the and the complication ANTECEDED S OR CONDITION THE ABOVE CANDING CONDITION SIGNIFICANT TO THE DEPARTMENT OF CONDITION OF C	TO DEATH He mode to etc. It mean which control to the mode of the mode of the mode. The mode of the mo	TH f dying, e. ns the disea aused deat ses ESS F ANY, GIVI STATING T ST. TIONS CO NOT RELAT CAUSING 9B. MAJOR 21B. PL about home, (Hour) m. gc of the said Aut	S., (A) Carc Se, h.) DUE TO (B)	ERATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURY above, held an Inspect Autop. Inquiry, find that said ses A. accident _, suici 23B. CHIEF MEDICA ASSISTANT MEDICA ASSISTANT MEDICA	(If In Baltimore URY OCCUR? Stion & Ing sy, Inspection or Inc. decased dicided homicide AL EXAMINER	20. AUTOPSY YES NO City, give exact location) thercon and factorian from the day stated about the day stated abou
MEDICAL CERT	OTHER STRIBUTION TO THE CUNDERLY IN UTING CONTINUE CONTIN	SEADING S not mean the complication ANTECEDER S OR CONDITION THE ABOVE CANNOT CONDITION S TO THE DEVISE OF OPERATION MAL CAUSE OF COMMENT OF OPERATION (Month) (Da fy that I to idence obta with in my THRE CREMA-1 248	TO DEATH He mode to etc. It mean which control to the mode of the mode of the mode. The mode of the mo	TH f dying, e. ns the disea aused deat ses ESS F ANY, GIVI STATING T ST. TIONS CO NOT RELAT CAUSING 9B. MAJOR 21B. PL about home, (Hour) m. ge of the said Aut	S., (A) Carc Se, h.) DUE TO (B)	ERATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? above, held an Inspective Autop. Inquiry, find that said less A. accident Suice A. Acsistant Medical Medical Investice M.D. MEDICAL INVESTICE	(If In Baltimore URY OCCUR? Stion & Ing sy, Inspection or Inc. decased dicided homicide AL EXAMINER	20. AUTOPSY YES NO City, give exact location) thereon and factorian the day stated about the



BALTIMORE CITY HEALTH DEPARTMENT

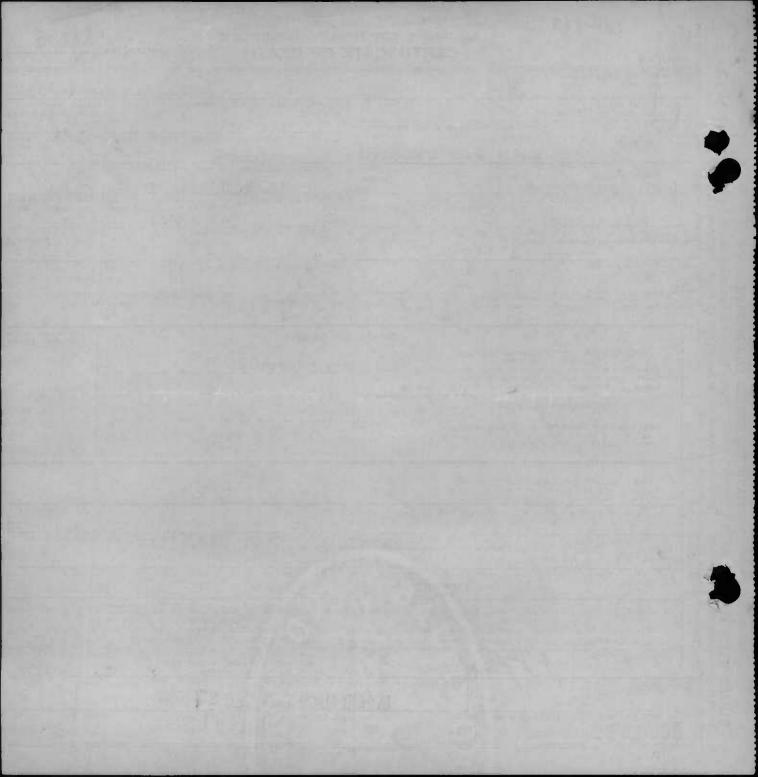
50-11155 Registered No.

13B

E	BIRTH NO.	CERTIFICATI	OF DEATH	2005.5001.04.21	
	NAME OF DECEASED			2. DATE	
11	Type or Print) JAMES	FRAZIER		DEATH Decem	ber 16, 1950
A	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		
11 +	FULL NAME OF Of not in hospital or institution	on, give street address or location)	Maryland c. CITY OR TOWN (If	outside corporate limits	, write E FRAL and give
	South Baltimore Gene	eral Hospital	Baltimore	6	township
		Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	
	Length of stay in Baltimore	Days		arles Street	
5	WIDOW	. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH		under 1 Year If Under 24 Hours this Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of LOB MKIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	48?	I I I I
WOI	k done during most of working life, even if retired)	INDUSTRY	K	. cogn country)	12. CITIZEN OF WHAT COUNTRY
1:	3. FATHER'S NAME N		14. MOTHER'S MAIDEN NA	ME	
_	0		0		
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? [If yes, give war or dates of sorvice)	M16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
		N	N		
	18.002 %	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.	. Pulmon	ary tuberculosis		
	heart failure, asthenia, etc. It means the disease injury or complication which caused death.	, , , , , , , , , , , , , , , , , , , ,	***************************************	\$4************************************	***************************************
	ANTECEDENT CAUSES	, 554,6			
	ANTECEDENT CAUSES	(B)			
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	3	***************************************	***************************************	
E	UNDERLYING CONDITION LAST.	(C)			
C		(0)			
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON				
IT!	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT				
Ü		FINDINGS OF OPER	ATION		20. AUTOPSY?
1					YES NO X
EDICA	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	CE OF INJURY (e. g., in rm, factory, street, office bldg., et	to.) 21C. WHERE DID (If	in Baltimore City, gi	ve exact location)
Z	OF INJURY	1E. INJURY OCCURRE	21F, HOW DID INJURY	OCCUR?	
	22. I certify that I took charge of the r		hove held an Inspect	ion & Inquiry	thereon and from
1			Autonsy, In	espection or Inquiry	
	the evidence obtained by said Autor and death in my opinion resulted fr	osy, inspection or income natural causes	nquiry, fina that said dec , accident , suicide [veased died on the \square , homicide \square , un	day stated above, determined \square .
	23A. SIGNATURE	er . M.	238. CHIEF MEDICAL E. ASSISTANT MEDICAL E. D. MEDICAL INVESTIGATO	XAMINER	. DATE SIGNED
2 TI	4A. BURIAL, CREMA- 24 DATE 2 ON, REMOVAL (Specify)		RY OR CREMATORY 24D. LO		r county) (State)
		UNIVERSIT	Y MEDICAL SCHOOL DEC 2	3 1950	
	ATE RECEIVED BY REGISTRAR'S SIGNATUR	RE	25. FUNERAL DIRECTOR	Uacith	ADDRESS
-	DECESSISSO - LE LE WILL	10:1/ E R1	a Sough at	Homen	

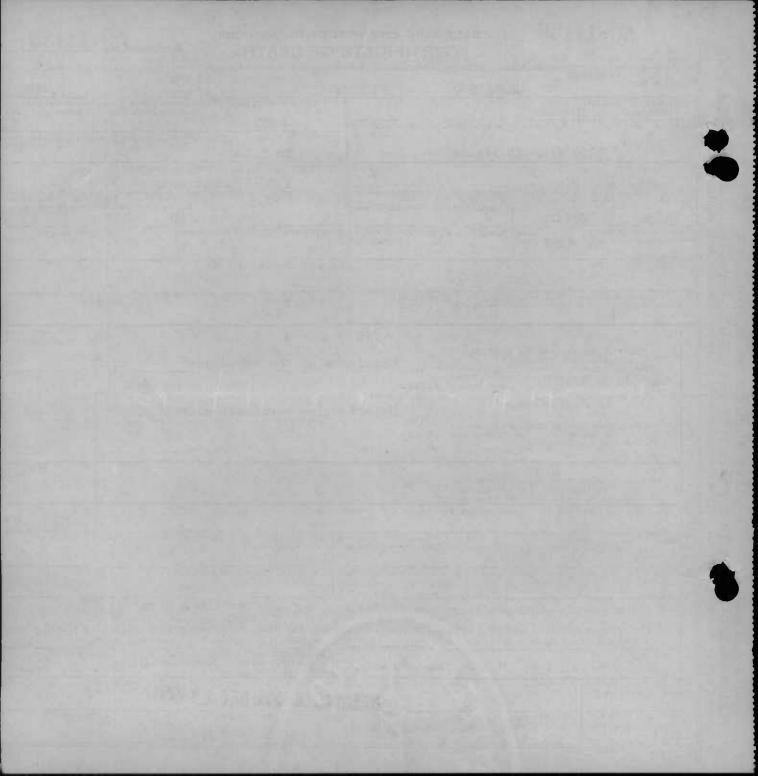
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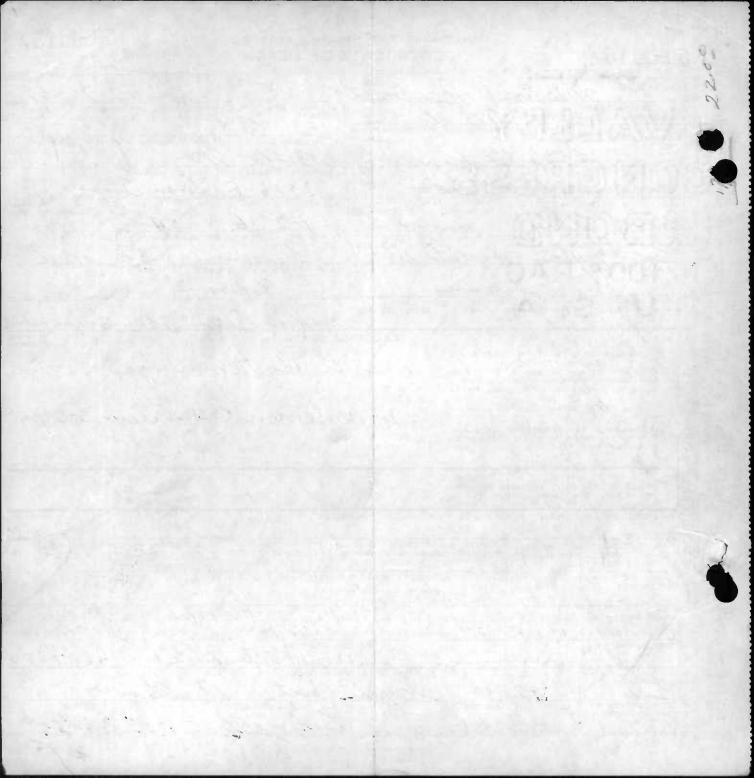
NO

V S 151



50-11157 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUR L and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore 7 1 dman Days should be 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years if Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. arried clearly 10A. USUAL OCCUPATION (Give kind of ACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .. L 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER CDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE 22. I hereby certify that I attended the deceased from 12/15 195 Q to_ 12/26 _, 195 Qthat I last saw the deceased alive on 12/15 1950 and that death occurred at 1.30Am., from the causes and on the date stated above. WRITE 23A. SIGNATURE 23c. DATE SIGNED 202 24A. BURIAL, CREMA-24B. DATE 24c. NAME of CEMETERY PLEASE DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

RESERVED



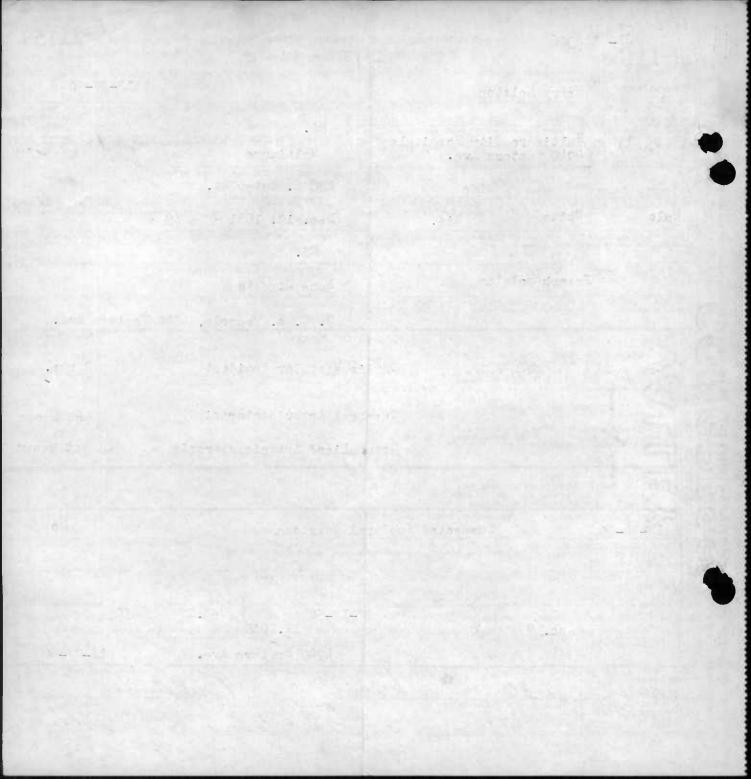
PLEASE WRITE PI correct age is especially portant. Phys

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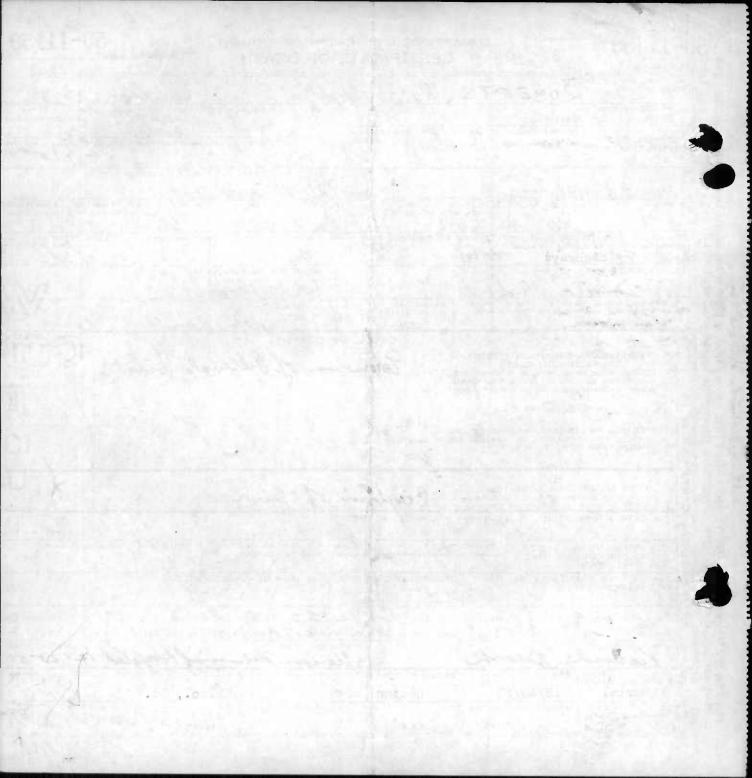
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11158 Registered No.

BIRTH NO	5.4.00		0211111107111	- 01		
1. NAME (Type or P	of Deceased Henry Hol	ston			2. DATE. OF DEATH	2-27-50
	OF DEATH: ore City, Maryland IAME OF (If not in hospit	al or institut	ion, give street address or	4. USUAL RESIDENCE () A. STATE Md.		If institution: residence before admission)
HOSPITAL	OR Boltimore	City I	Hospitals location)		f outside corporate di	mits, write RURAL and give
	n of stay in Baltimore	Life	Yrs. Mos. Days	428 S. Eutaw St	rural, give location)	
Male	6. COLOR OR RACE		E. MARRIED. PD, DIVORCED (Specify)	Dec. 19, 1881	9. AGE (In years last hirthday)	Months Days Hours Min.
10A. USUA work done durin	AL OCCUPATION (Give kind of ng most of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHE	Joseph Hol	.ston		14. MOTHER'S MAIDEN N Lena Stroble	AME	
15. WAS DI	ECEASED EVER IN U. S. ARMEI known) (If yee, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	B. C. H. Record	is. 4940 as	address stern Ave.
(Thi hear injusted of the control of	EASES OR CONDITION LEADING TO DEAT is does not mean the mode of tfailure, asthenia, etc. It mea ry or complication which of ANTECEDENT CAUS EASES OR CONDITIONS, IT TO THE ABOVE CAUSE (A) DERLYING CONDITION LA	FH dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH	e, L) DUE TO (B) Cerebr	Vascular Accideral Arteriosclero	sis	2 wks. not known Not known
OTH TRIE TO	II HER SIGNIFICANT CONDIBUTING TO THE DEATH, BUT THE DISEASE OR CONDITION	NOT RELATE CAUSING I	T			
19A. D.	ate of operation / 1		ected Subdural			YES NO
LYING	ACCIDENT WAS UNDER- O OR CONTRIBUTING DE OF DEATH	218. PLA	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City	y, give exact location)
2 ID. TI OF IN.	IME (Month) (Pay) (Year) JURY		21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
deceas	hereby certify that I att sed alive on Dec. 27 IGNATURE	ended the	and that death occur	17-50 , 19 , to D red at 11.10 M rom : 38. ADDRESS 4940 Eastern A	the causes and on	50, that I last saw the the date stated above 23c; DATE SIGNED 12-27-50
DATE REC	IAL. CREMA- 24B. DATE VAL (Specify) CEIVED BY REGISTRAN EGISTRAN	250	24c. NAME OF CEMETE		Salteno	wn, or county) (State) ADDRESS
vs	- 7	no Muli	6909	3 / July	1 4030	93)



R-=	1	63		RA	TIMORE CITY H	EALTH DEPARTMENT		50-11159
The C	В	IRTH NO.				E OF DEATH	Registered :	No. J.IIJ
		NAME OF D ype or Print)	ROBE	RTS	- Rolph 1	Vin field	2. DATE OF DEATH DOL	7 \$ 1958
pplied.	A.	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (institution: residence before admission)
	B. H	FULL NAME OSPITAL OR & ISTITUTION	OF (If not in hospit	al or institut	tion, give street address o	\	f outside corporate limi	ts, write RURAL and give
O A	7	1			Yrs. Mos.	D. STREET ADDRESS (I	rural, give location)	5-00
be (Length of s	tay in Baltimore	7 SINGL	Days E. MARRIED.	B. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
blud ly an		M	W	WIDOV	VED, DIVORCED (Specify			onths Days Hours Min.
ion should be clearly and	1	done during most of	CUPATION (Give kind of f working life, even if retired) Highways	for City	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or)	foreign country)	12. CITIZEN OF WHAT COUNTRY?
G mati eath		Win	Lield Ro	berto		14. MOTHER'S MAIDEN N	IAME	
R BINDIN em of infor	15 (Ye	, no or unknowo)	D EVER IN U. S. ARMEE (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO. none	17. INFORMANT Was Shadeth	Adiesta A	DDRESS
RESERVED FO INK. Every it	RTIFICATION	(This does heart failurinjury or DISEASES	DE OR CONDITION LEADING TO DEAT not mean the mode ore, asthenia, etc. It mean complication which of ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A) TING CONDITION LA	FH dying, e. 1 ns the diseas aused death EES FANY, GIVIN STATING TH	(B)	ma of bdre	als bilat	ONSET AND DEATH
MARGIN UNFADINC Physicians:	CERT	TRIBUTING	II IGNIFICANT CONDITO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D (IAD AND	i of fiver		?
ITH int.	SAL	19A. DATE O	F OPERATION 2 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
, WITI	MEDIC.	LYING OF	ENT WAS UNDER- CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
8		21D. TIME (OF INJURY	Month) (Day) (Year)		21E, INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
PLEASE WRITE PI		deceased al	ive on Dec 28	ended the	deceased from	rred at 8:10 Am., from	the causes and on t	Q, that I last saw the
WRI re is		23A. SIGNAT	nd per	uch	M. D.	Muion Mlmo	in / Hospital	23c. DATE SIGNED
PLEASE W	TIC	on REMOVAL (S) Buria	REMA- 24B. DATE pecify) 12/30/8		Loudon Pa		OCATION (Sity, town	or county) (State)
PLE	D/	TE RECEIVED	BY REGISTRAR'S	SIGNATU	IRE .	25. FUNERAL DIRECTOR	lener Von	ADDRESS Salto
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	200			CITY III			50-11160
50	-11160				EALTH DEPARTMENT E OF DEATH	Registered	
	1. NAME OF C	DECEASED RO	ose Bak				. 28, 1950
E	S. PLACE OF E A. Baltimore (B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland 82	20 N. Lakewood		4. USUAL RESIDENCE (A. STATE Md. C. CITY OR TOWN Baltimor	B. COUNTY	before admission)
	. Length of s	stay in Baltimore	58 years	Yrs. Mos. Days	b. street address (I 820 N. I	f rural, give location) akewood Ave.	
	female	6.COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVORO WIDOWED		s. DATE OF BIRTH Feb. 12, 1860	9. AGE (In years last birthday)	ff Under 1 Year on the Days Hours Min.
		CCUPATION (Give kind of of working life, even If retired) wife		INDUSTRY	11. BIRTHPLACE (State or Poland	foreign country)	12. CITIZEN OF WHAT COUNTRY? unknown
	13. FATHER'S		Banach		14. MOTHER'S MAIDEN I unkn		
	15. WAS DECEAS (es. no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date		RITY NO.	17. INFORMANT Mrs. Matilda Tri		address above
NOIFACIE	heart failinjury or DISEASE RISE TO UNDERL	s not mean the mode- ure, asthenia, etc. It men- complication which ANTECEDENT CAUSES OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L.	ans the disease, caused death.) DUE T SES (B) IF ANY, GIVING STATING THE DUE T	· Iem	siochecke C. V		12.2450
	TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
	19A. DATE		9B, MAJOR FINDINGS	OF OPER	RATION		20. AUTOPSY?
MEDICAL	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLACE OF INJ about home, farm, factory, str			(If in Baltimore City,	give exact location)
,	21b. TIME OF INJURY	(Month) (Day) (Year) (Hour) 21E. INJUR m. WHILE AT WORK	Y OCCURR AT WORK	9	RY OCCUR?	
cohorage	deceased a	live on 12. 18.	tended the deceased , 1950, and that o	leath occu	2. 24.50, 19 , to rred at 9 2 1m., from	12.28., 19. the causes and on	the date stated above.
460 10	23A, SIGNA	CREMA- 248. DATE	24c. NAME	м. D.	RY OR CREMATORY 24D.	LOCATION (City, tow	23c. DATE SIGNED /2.21.50 n, or county) (State)
-	Buria DATE RECEIVE	Dec. 30, Dec. 30,	1950 St. St	canisla	25. FUNERAL DIRECTOR Schimunek Funer	al Home, Inc	Baltimore, Md.
=	VS 150		· / INSTALLIS - NECE		ZOUL-3-5 F. Mac	lison St.	925

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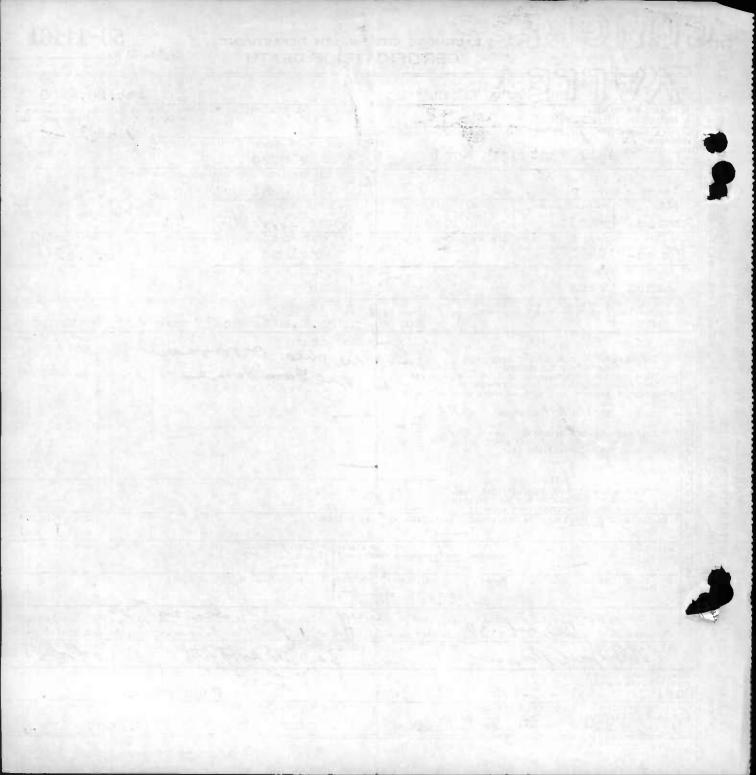
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11161 Registered No.

49a

(Type or Prin	DECEASED	arv Baker		2. DATE	
3. PLACE OF	DEATH:	ary paker		Where deceased lived, If institution: res	sidence
B. FULL NAM	e City, Maryland ME OF (If not in hospin	tal or institution, give street address of		B. COUNTY before	admission)
HOSPITAL C	N 4211 Wentwo	location)	Baltimore (1)	f outside corporate limits, write RURA	L and give township
0.02		Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length o	f stay in Baltimore	Mos. Days	4211 Wentwort		
s.sex Pemale	6.COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify WIDOWED	June 11, 1878	9. AGE (In years Munder I Year 11 12 13 14 15 15 15 15 15 15 15	Under 24 Hours
10A. USUAL orkdoneduring m HOUS C =	OCCUPATION (Give kind of cost of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f England		OF OUNTRY
13. FATHER	S NAME		14. MOTHER'S MAIDEN N		
	Evans		Mary Ann ?		
15. WAS DECE Yes, no or unkno	ASED EVER IN U. S. ARME	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
no		none	Mrs.M. Elta Mcl	Elfresh 4211Wentwo	arth
Z O DISEA	ANTECEDENT CAU SES OR CONDITIONS.	(B)			
Q UNDE	ANTECEDENT CAU SES OR CONDITIONS, O THE ABOVE CAUSE (A) RLYING CONDITION L	(B)			· ••••
TICA TICA	SES OR CONDITIONS, O THE ABOVE CAUSE (A)	(B)			
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OTHEI	SES OR CONDITIONS, O THE ABOVE CAUSE (A) RLYING CONDITION L II R SIGNIFICANT COND TING TO THE DEATH, BUT E DISEASE OR CONDITION	(B)		20. AUT	
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rly ar	1. (T 3. A. B. HC IN	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospite DSPITAL OR Baltimore Cit	y hospitals location)	4. USUAL RESIDENCE (W A. STATE Maryland		11-50
and legibly.	A. B. HC IN	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospite OSPITAL OR Balt imore Cit, ISTITUTION	of or institution, give street address or y nospitals location)	A. STATE		
should be carried and legibly		Tastern .	a. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Rospitals location) INSTITUTION			f institution; residence before admission its write RUKAH and giv township
hould	c. Length of stay in Baltimore 10 Yrs. Mos Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)		8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours			
ion s	WOFK	Male White Single 10A. USUAL OCCUPATION (Givekind of rork done during most of working life, even if retired) 13. FATHER'S NAME		Dec. 24, 1909 11. BIRTHPLACE (State or for Washington, D. C	reign country)	onths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY
information s of death cle		Eugene Copenhaver		Gertrude Holden		
f infe	(Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.		Records: B. C. H. 4940 Eastern Avenue		
	ICATION	DISEASE OR CONDITION IN LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complete the complete	DIRECTLY H Clying, e.g., (A) Maligns s the disease, aused death.) DUE TO ES ANY, GIVING STATING THE DUE TO	OF DEATH ant Hypertension		INTERVAL BETWEEN ONSET AND DEATH
Phy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				6mos.	
WITH rtant.	EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., i. about home, farm, factory, street, office bldg., c	n or 21c. WHERE DID (I	f in Baltimore City,	20. AUTOPSY? YES NO 2
IIy	Σ	21b. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK				
SE WRITE PL.	24	22. I hereby certify that I attedeceased alive on 12-11 23A. SIGNATURE A. BURIAL, CREMA-24B. DATE N, REMOVAL (Specify)	, 19 50 and that death occur		ie causes and on t	that I last saw the he date stated above 23c. DATE SIGNED 12-21-50

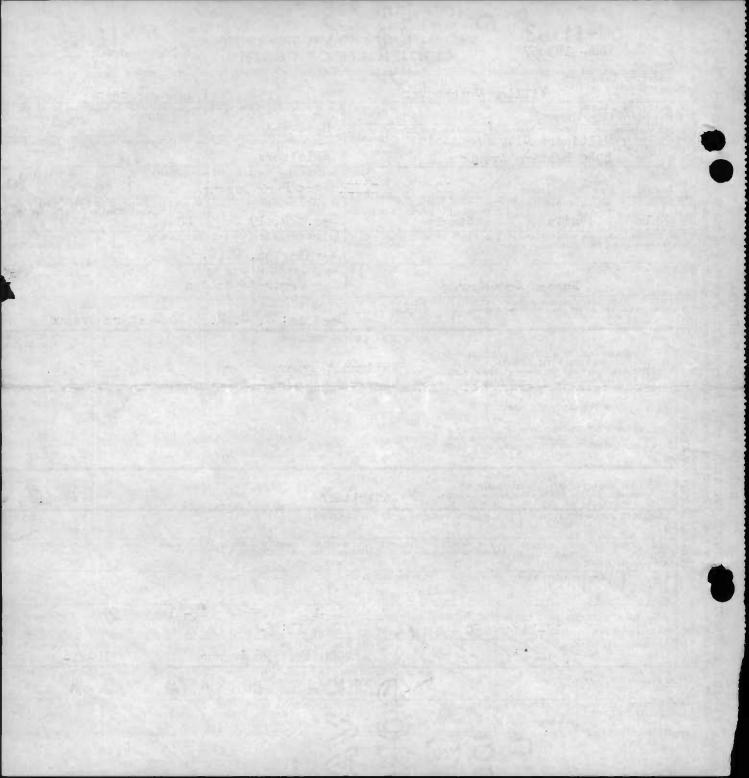
25. FUNERAL DIRECTOR
COMPLESSIONER OF HEALT

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

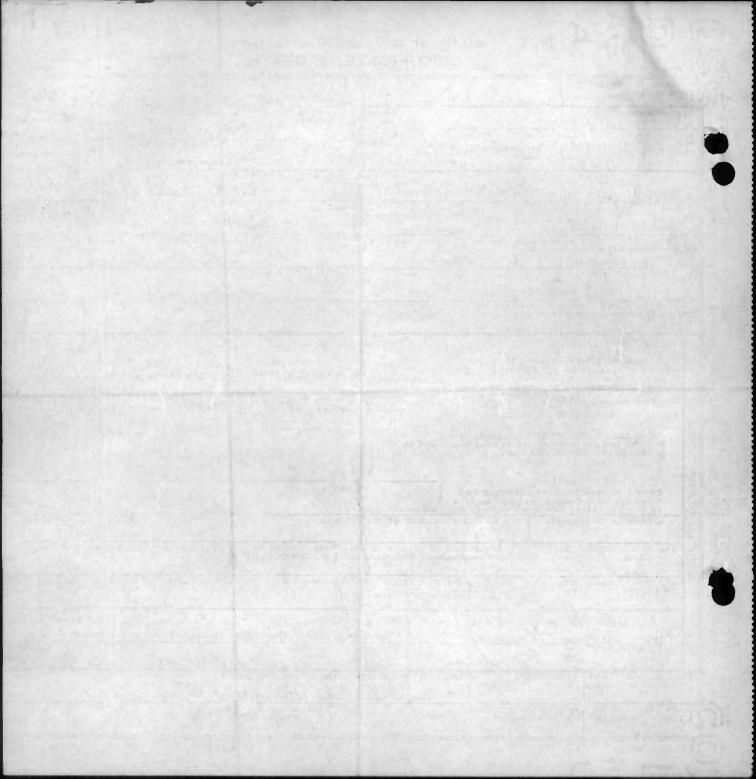
Thursto ofor Williams, M.

ADDRESS

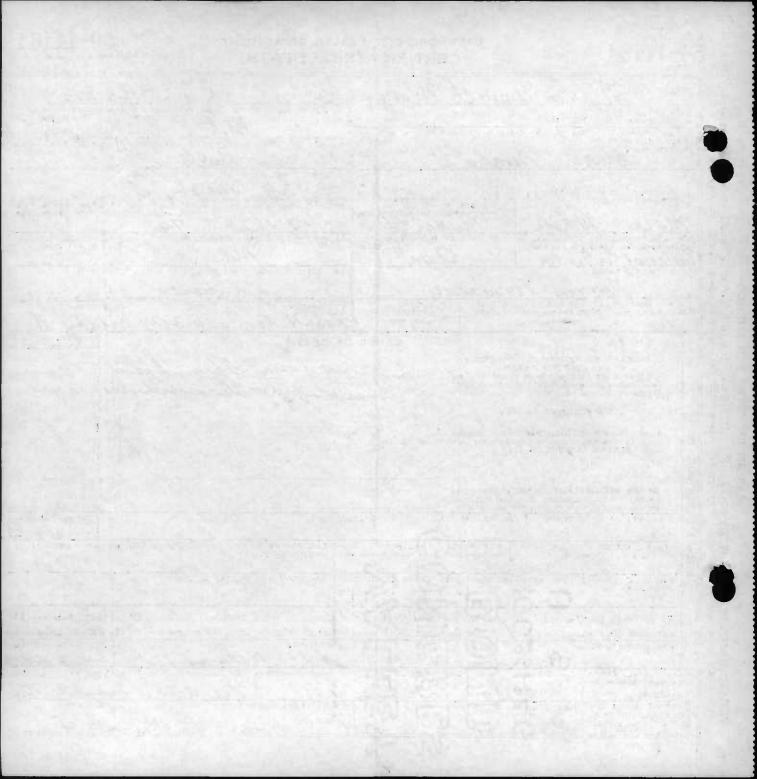


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	Il upplied.
MARGIN RESERVED FOR BINDING	PLEASE WRITE PL. C. WITH UNFADING INK. Every item of information should be ca. Il. upplied. The correct age is especially portant. Physicians: please write the causes of death clearly and leging.
A TOPON ULL	PLEASE WRITE PL. C. WITH I correct age is especial.

В	CERTIFICATI	E OF DEATH	Registered No	0
	NAME OF DECEASED Sype or Print) JACKLIN LEWIS CHI	RISTIANA	2. DATE OF DEATH 22	Dec 50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W)		nstitution : residence pefore admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR GOOD Samuritan Jorgen location) 15 June 1 27 N. Laure 1	C. CITY OR TOWN (If o	utside corporate limits,	write RURAL and give township)
c.	Length of stay in Baltimore Muhawww Mos. Days	D. STREET ADDRESS (If p	Charles ft	73-01
5	emale White married (Specify)	8. DATE OF BIRTH		ths Days Hours Min.
10 wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Mulkunun Mulkunun	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA		
1:	Muhnorow 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		nown	
(Ye	(If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	AD	DRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE (A)	of DEATH cinoma of the	cervix	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
11.	19A, DATE OF OPERATION (19B. MAJOR FINDINGS OF OPER	RATION		20, AUTOPSY7
EDICAL	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office bldg.,		in Baltimore City, gi	
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR OF INJURY WHILE AT WORK NOT WHILE AT WORK AT WORK		OCCUR?	
	22. I hereby certify that I attended the deceased from 10 deceased alive on 20 Dec. 1950, and that death occur		2 Dec, 1950	that I last saw the
	deceased alive on 20 Dec 19 50, and that death occur	rred at // 4 f m., from th	e causes and on th	e date stated above.
	Smil A. Stenning of M.O. (601 Win aus	Way	23 Dec 50
	4A. BURIAL, CREMA- 24B. DATE 249 NAME OF CEMETE UNIVERSITY	MEDICAL SCHOOL DEC 2	CATION (Vity, town, o	
Jro	ATE RECEIVED BY REGISTRAR'S SIGNATURE IN MEDICAL REGISTRAR SIGNATURE IN MEDICAL PROPERTY OF THE PROPERTY OF TH	25. FUNERAL DIRECTOR	l Health	ADDRESS
	VS 150	7 1 5		48a

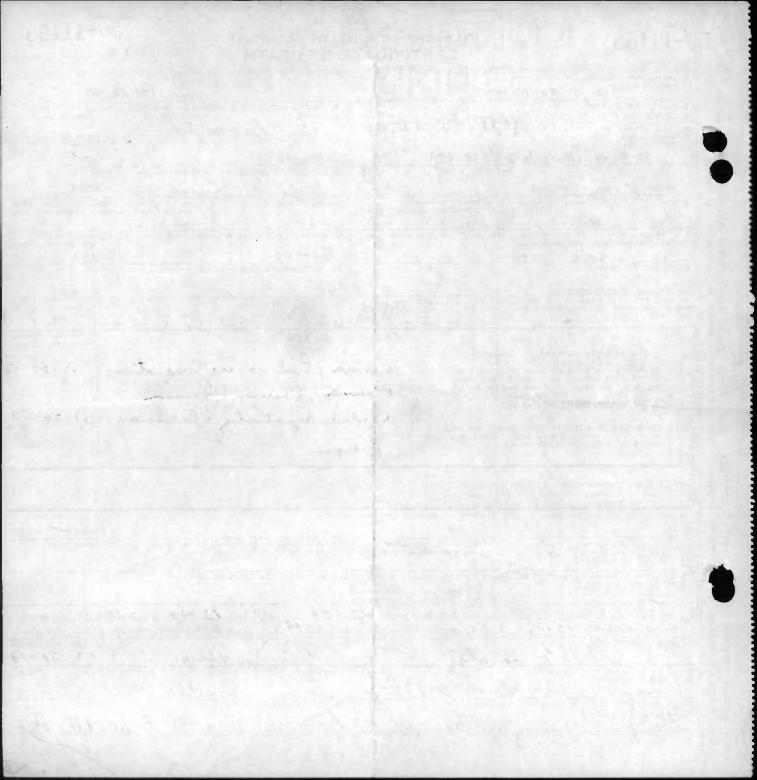


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. OATE (Type or Print) Punnell Newman OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate linit write RUKAL and give INSTITUTION township) D. STREET ADDRESS Affrural, give location) Yrs. Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours: Min. larhe 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF more done during most of porking life, even if retired) INDUSTRY WHAT COUNTRY? lectrical outrestor information 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes 18. CAUSE OF DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-Izl TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. O 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION / 20. AUTOPSYT DIC 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? WHILE AT WORK especia 22. I hereby certify that I attended the deceased from Oct. 2, 1950, to Sec. 25, 1950 that I last saw the deceased alive on 2 2 8 19 50, and that death occurred at 1.304 m., from the causes and on the date stated above, 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 13 age CREMA-24B. DATE OATE RECEIVED BY SIGNATURE 25. FUNERAL DIRECT LOCAL REGISTRAR VS 150 2902



MAVROTHERIS 50-11165 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) George Marrotheris upplied. OF DEATH Tec. 26-1980 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland St. agnes Hosp

B. FULL NAME OF (If not in hospital of institution give street address or A. STATE B. COUNTY before admission) n. Lin wood are HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. agnes Hospital Wilkens are township) Baltimore mo Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days information should be of death clearly and 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year I If Under 24 Hours WIDOWED, DIVORGED (Specify) last birthday) | Months: Days | Hours: Min. Married 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Greece Care OWNES Greece 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michalas Marrotheris Kalie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) ADDRESS SECURITY NO INTERVAL BETWEEN item 34 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) .. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY aportant. YES -218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about bome, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK TE PI especia tended the deceased from 12-22 1950, to 12-26, 19 So that I last saw the , 1950, and that death occurred at 5-10 a.m., from the eauses and on the date stated above. . 19 Sothat I last saw the 22. I hereby certify that I attended the deceased from 12 - 22 deceased alive on 13 -26 23A. SIGNATURE 23c. DATE SIGNED IS 13 -26-58 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) asura DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

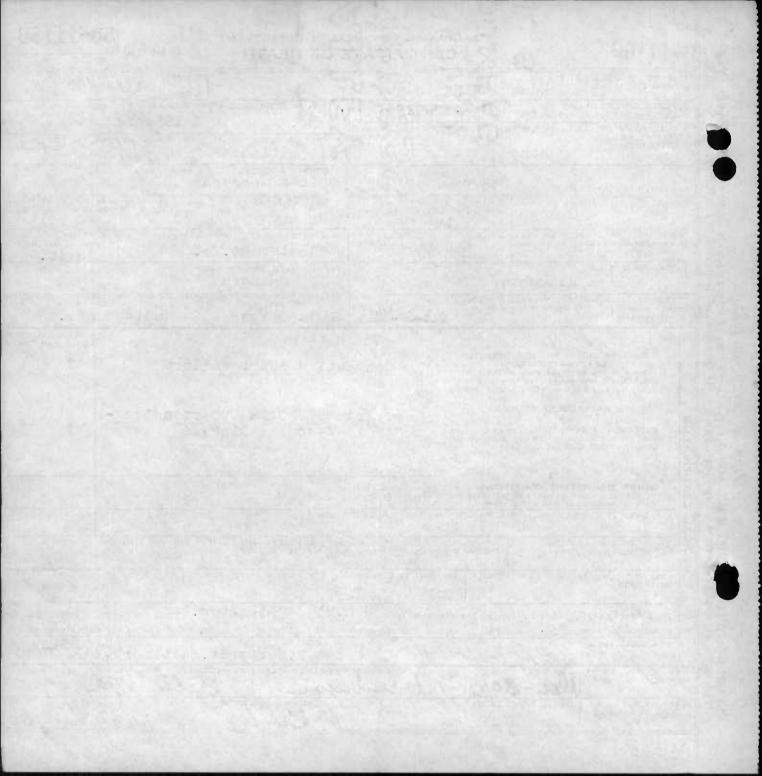


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5	1-1116 BIRTH NO.
	1. NAME OF

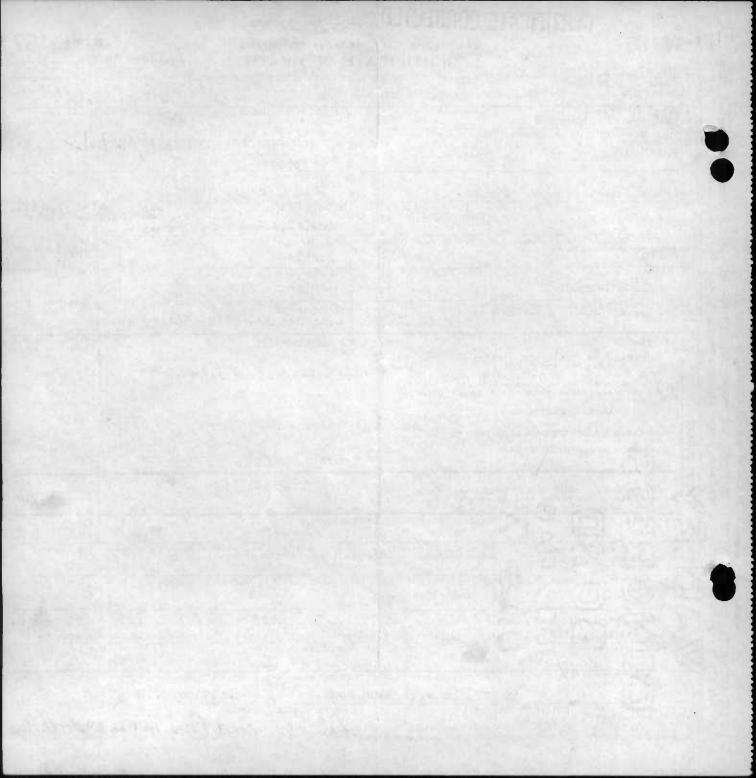
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11166 Registered No.

B	IRTH NO.			CERTIN TOXT	- OI BEATH		
	NAME OF DEC		rd KX	O t Slaughte	r	2. DATE OF DEATH 12/	26/50
	PLACE OF DEA Baltimore City	y, Maryland	4 4		4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If Baltimore	institution: residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospit.		ion, give street address or location)		The second secon	s, write RURAL and give
c.	Length of stay	y in Baltimore	35 Yı	Yrs. Mos. Days	926 N. Woody		
5.	M 6.	COLOR OR RACE		E. MARRIED. FED. D. VORCED (Specify)	8. date of birth Unknown	9. AGE (In years last birthday)	f Under 1 Year on the Days Hours Min.
1C worl	A. USUAL OCCU k done during most of we Labore	PATION (Give kind of orking life, even if retired)		of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Gloster Co.V		12. CITIZEN OF WHAT COUNTRY?
13	Jame	s Slaught	er		14. MOTHER'S MAIDEN N. Unknown	AME	
(Ye	5. WAS DECEASED (6, no or unknown) Inknown	EVER IN U.S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO. 218-09-3816	17. INFORMANT Lula Dawes 2	2524 Madiso	n Ave.
	18. 422,			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE L (This does no heart failure,	OR CONDITION EADING TO DEA of mean the mode of asthenia, etc. It mea mplication which	TH of dying, e. p ns the diseas	se,	stive Heart Fa	ilure	?
ERTIFICATION	DISEASES C	OR CONDITIONS, I ABOVE CAUSE (A) IG CONDITION LA	F ANY, GIVIN		osclero sia H y p o-Vascular Dise	oerte n sive_	7
CER	TRIBUTING T	NIFICANT CONDI	NOT RELATE	o Unknown			
AL	19a. DATE OF ONE			FINDINGS OF OPER None	ATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT HOMICIDE	(Specify)		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
2	21D. TIME (Mo	onth) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby of	certify that I att	ended the	deceased from Dec	2.25 , 1950, to De	be causes and on t	he date stated above.
	234. SIGNATUR	RE LICED	one	ed M.O. 2	844 N.Carey St		1 23c. DATE SIGNED
2.	44. BURIAL CRE	MA- 248. DATE	30/50	Mt Cub	RY OR CREMATORY 24D. L	Ballo M	or county) (State)
B	ATE RECEIVED F	REGISTRAR	367	CONTRACTOR OF THE PARTY OF THE	19 Brooks	1463	n. Carey St
D	EC 29 95	62					93)



50-11167 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) HARRY MORRIS HERMAN DEATH Dec. 28,1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write BORAL and give INSTITUTION 3518 Cottage Avenue township) baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos 3518 Cottage Avenue c. Length of stay in Baltimore 60 yrs. Davs information should be 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED B. DATE OF BIRTH 882 9. AGE (In years If Under I Year last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify male Aug. 22, 1886 64 68 10A. USUAL OCCUPATION (Givekiod of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? shop Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julius Herman Libby ??? 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unkoown) SECURITY NO Lena Herman- 3518 Cottage Avenue of INTERVAL BETWEEN CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th Cardia Dilatation (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: ERTI UNF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT . 1978, to 12/28, 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ 9/5 PLEASE WRITE deceased alive on 12/2 1930, and that death occurred at 6 P. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Entaw M 2320 24A. BURIAL, CREMA-TION REMOVAL (Specify) EURIAL 24c. NAME of CEMETERY or CREMATORY | 24d. LOCATION (City, town, or county) Shaarei Zion Cong.. Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Flynson & Bros. 1124-26 W. North ane multi ofor Millauts, 168 VS 150 5906E



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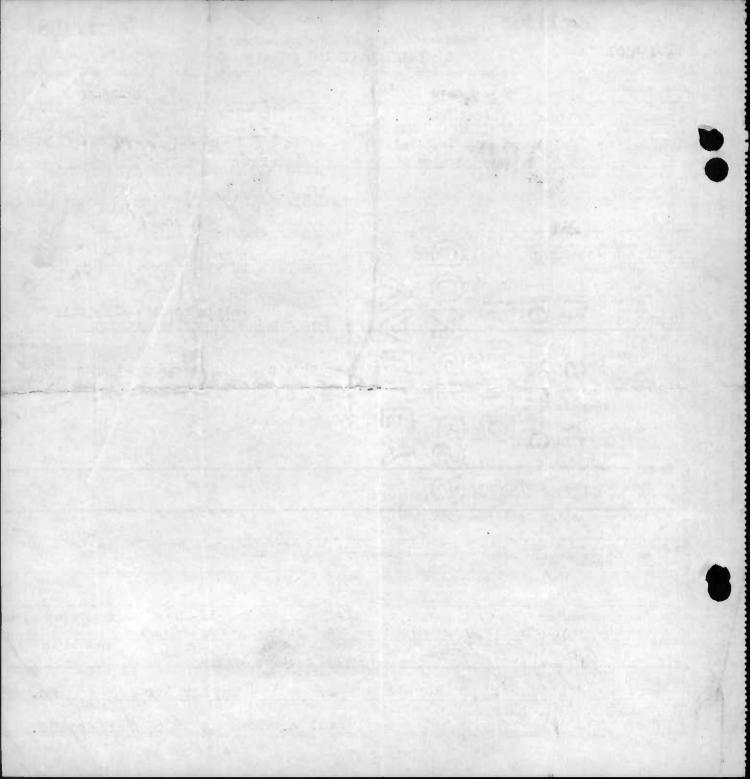
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)-"			BALTIMORE CITY HE	ALTH DEPARTMENT	1883 5	0-11169
The	-	0-11169 IRTH NO.	CERTIFICATE		Registered No	
ā	1.	NAME OF DECEASED		~~ /	2. DATE	
upplied.	-	PLACE OF DEATH:	ORGE F-D	4. USUAL RESIDENCE (W)	OF DEATH / 2-	\$ 8-50
ddn	A.	Baltimore City, Maryland FULL NAME OF (If not in hospital or in	nstitution give street address or	A. STATE	B. COUNTY	before admission
0	H	OSPITAL OR ISTITUTION	location)	CICITY OR TOWN (If o	utside corporate limits,	write RURAL and giv
oly.	1	1506 W. 1	TYELLE JE	D. STREET ADDRESS (If r	aral, give location)	-
legi	c.	Length of stay in Baltimore	Mos. Days	1506WF	AYETTE	57
ld be	5.		INGLE, MARRIED,	8. DATE OF BIRTH		hs Days Hours Min
	10	DA. USUAL OCCUPATION (Givekind of 10B.	KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country)	2. CITIZEN OF
on shou clearly	wor	done during most of working life, even if retired)	INDUSTRY	MARYLA.	NC	WHAT COUNTRY
	13	B. FATHER'S NAME	CUNUT	14. MOTHER'S MAIDEN NA	ME	
f de	12	5. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL	17. INFORMANT		200
of in	(Ye	s, no or unknown) (If yes, give wer or dates of serv	235-09-0451	Mrs NANCY K.W.	PUFFY-1506	WFAYETTE
m of informaticanses of death		18. 002 X	CAUSE	OF DEATH		INTERVAL BETWEE
e H.		DISEASE OR CONDITION DIRE LEADING TO DEATH	PIL	Pmana Tul	erent.	
Every write th		(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	disease,			
م ند		ANTECEDENT CAUSES		Brank		
INK.	ATION	DISEASES OR CONDITIONS, IF ANY		ya Love	meens	4
		RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	ING THE DUE TO			1 4 4 4 4 4
UNFADING Physicians:	RTIFIC	II .	(C)			
UNFA! Physici	ERT	OTHER SIGNIFICANT CONDITION				
	U	19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
WITH rtant.	DICAL	21A. ACCIDENT, SUICIDE, 21	B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If	in Baltimore City, giv	YES NO
K, WITH	Ш		t home, farm, factory, street, office bldg., et		m Baremore Ony, gr	e exact location)
THE REAL PROPERTY.	Σ	21D. TIME (Month) (Day) (Year) (House		D 21F, HOW DID INJURY	OCCUR?	
ially			m. WHILE AT NOT WHILE			
RITE PI		deceased alive on 228,19	d the deceased from	red at 7 50 m from the	e causes and on the	
RIT is e		23A. SIGNATURE	23	BB. ADDRESS	7 -4/2	23c. DATE SIGNED
w M	2.	4A. BURIAL, CREMA- 24B. DATE	24¢. NAME OF CEMETER	RY OR CREMATORY 24D, LO	CATION (City, town, o	r county) (State)
ASE set a	TI	ON REMOVAL (Specify)	New CATHERRH	LCEM. 1	REJERICK A	E BALL Ma
PLEASE WRITE PL		ATE RECEIVED BY REGISTRAR'S SIG	1110	25. FUNERAL DIRECTOR	1.4 16 1	ADDRESS (-
	D	EC 291950 Huntington /	Villianis, 11 = 1	Mes. J. Kenny	Ne 1000 Ho	LLINS DI
	1	VS 150	ree	71/		120

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50-	J.	£	1	6	U

	UU	J. L.J. O	f
egistered	No		

_				_	_
	2. DATE				
	OF	Dec.	26	. 7	95

4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission)

(If outside corporate limits, write RURAL and give township)

(If rural, give location)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

> Henrietta St. 9. AGE (In years if Under I Year if Under 24 Hours last birthday) Months: Days Hours: Min. If Under 24 Hours

HPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

(If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

thereon and from Autopsy, Inspection or Inquiry

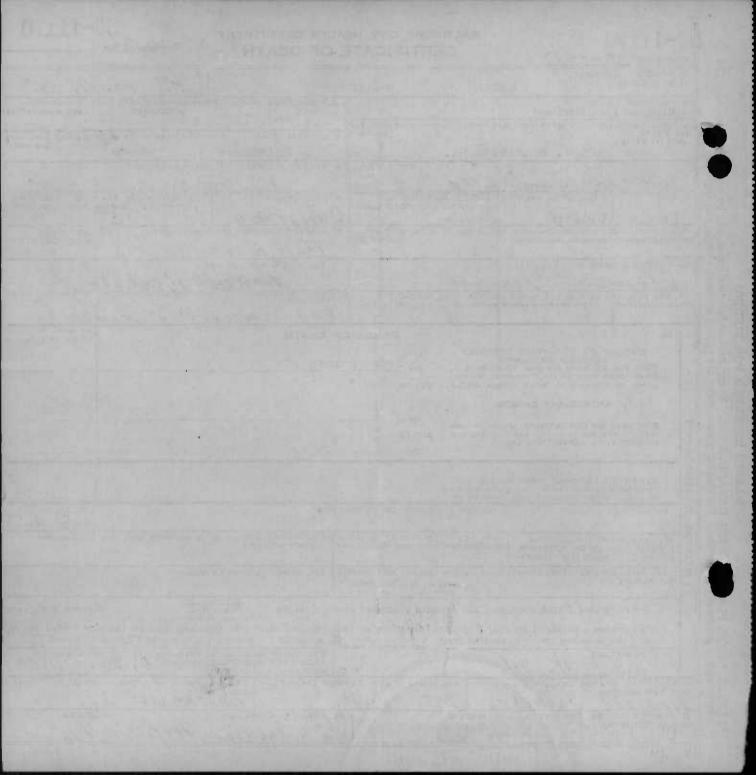
and death in my opinion resulted from: natural causes \(\mathbb{B} \), accident \(\mathbb{D} \), suicide \(\mathbb{D} \), homicide \(\mathbb{D} \), undetermined \(\mathbb{D} \).

23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR Dec. 27, 1950

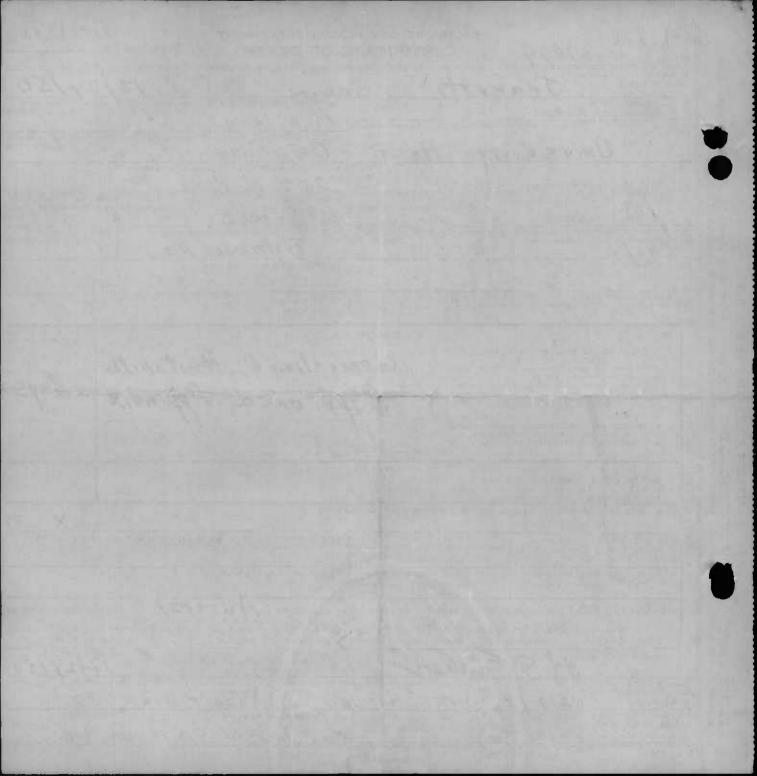
24D. LOCATION (City, town, or county)

Wm. A. JACKSON-9161

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C-1	150		The seasons
75	I Analog a fine	E OF DEATH Registered N	00-11171
The	1. NAME OF DECEASED	2. DATE OF 17	1211150
plied.	3. PLACE OF DEATH: A. Baltimore City, Maryland	DEATH 4. USUAL RESIDENCE (Where deceased lived, If	
dď	B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR location)	A. STATE B. COUNTY B. COUNTY C. CITY OF TOWN (If outside corporate limits)	before admission
	INSTITUTION UNIVERSITY HOSP	BALTIMORE 1 4	- O Cownship
car	c. Length of stay in Baltimore 2/FE Mos. Days	D. STREET ADDRESS (If rural, give location) 207 N. PINE ST	
be ld l	female colored U 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) MAY 1988 8	Under 1 Year If Under 24 Hours nths Days Hours Min.
on should clearly an	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11.NBIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
(D)	13. FATHER'S NAME N	14. MOTHER'S MAIDEN NAME	/
information of death cl	15. WAS DECEASED EYER IN U. S. ARMED FORCES? W16. SOCIAL	o jennette /x	all
m of info	(Yes, no or unknown) (If yes, give war or dates of service) N SECURITY NO.	17. INFORMANT AL	DDRESS
INK. Every ite	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	peralized Peritoniti	2 days
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON-		
	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
WITH tant.	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.,		ive exact location)
Ocor	UTING CAUSE OF DEATH. 2 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK		
ITE PLA especial	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the	thereon and from a day stated above adotermined .
E WR.	23A. SIGNATURE R. S. Fisher	23B. CHIEF MEDICAL EXAMINER	12/24/50
	24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town,	or county) (State)
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	VS 151	Wm. A. JACKSON - 916 PENNA	. HUE.
		1	~ 1



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Y, WITH

PLEASE WRITE PI

BALTIMORE CITY HEALTH DEPARTMENT

50-11172 Registered No.

BIRTH NO.	- OF BEATH
1. NAME OF DECEASED (Type or Print) Viola Cowand,	2. DATE OF DEATH PLANTED PLANTED
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. CQUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION	township)
THE JOHNS HOPHINS HOSRIPA YES.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	Bax 109 Dansen Rd.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 9. AGE (In waters it Under I Year if Under 24 Hours last birthday) Months; Days Hours Min.
Temple Coloned married	12-17-06 44
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME	VIRGINIA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	mattie usts
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS THE JOHNS HOPKINS HOSPITAL.
110 / 10 0	
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- and toposol bourseless 7.5 hou
The state of the s	saperitoneal hemorrhage ? 5 hours
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	two of Colors
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	tuse of Spleen
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ite Splenic Tumor ?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	cue opiente tumos
11	
OTHER SIGNIFICANT CONDITIONS CON-	spancy 36 wks
O TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 3 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6.8. in	nor 21c. WHERE DID (If in Baltimore City, give exact location)
Dec. 26, 1950 hemopes thousand to a second s	INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY	ED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT WHILE TO WORK AT WORK	
22. I hereby certify that I attended the deceased from 12	-19 , 1950, to 12-26 , 1950, that I last saw the
deceased alive on 12-26, 1950, and that death occur	red at 1 56 Pm., from the causes and on the date stated above.
	3B. ADDRESS 23c. DATE SIGNED
Courence 19-Whatout & M.D.	THE JOHNS HOPKINS HOSPITAL
TLON, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIA! 12/29/50 MT. AUBU	RN BAITIMORE, IND.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
DEC 291850 Santition Williams, M. 1	WM. A. JACKSON-916 ENNA, AUE

AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. N.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be 5. SEX 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) married clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY information lugums 13. FATTER'S NAME death moren 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO of 18. CAUSE OF DEATH 60 Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING ICATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 5 198. MAJOR FINDINGS OF OPERATION CAL -18-5 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from 12-12 deceased alive on 12-27, 19 50 and that death occurred at 5 23A. SIGNATURN 23B. ADDRESS 24A. BURIAL CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Rurial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR mountain often Milliams, M

VS 150

50-11173 Registered No. B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) 9. AGE (in years) last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 1950 to 12 - 37 , 1950 that I last saw the Pm., from the causes and on the date stated above. 23c. DATE SIGNED 12-28 24D. LOCATION (City, town, or county)

12/2/2/ The second is I Light Alater was I A District 18000 the second of the second and all has grade at a series + I 5, 13 18 50 100 x c c 1 1 2 2 1 2 1 12-17 50 in get themen hobbours 1 / 13

M-300 50-11174 BALTIMORE CITY HE	50-11174
CEPTIFICAT	E OF DEATH Registered No
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Rose Matteo	2. DATE OF DECEMber 27 1950
a. Baltimore City, Maryland 345 E. 27th St. B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution residence A. STATE B. COUNTY before admission
HOSPITAL OR location) INSTITUTION	
c. Length of stay in Baltimore 42 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 345 E. 27th St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Ho
Female White Married 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	Oct. 16 1891 59 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
Hand Sewing Tailor Shop	Messina Italy
13. FATHER'S NAME REPAIRING	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
216-07-2267	S.Scilipoti 345 E.27th St.
CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEA
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	occurs Throuloses 1 hour
heart failure, asthenia, etc. It means the disease,	
Cou	many Sclerosis
ANTECEDENT CAUSES	Le souteriais 3 mes.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	usliged atteriosclerosis
0	udiae Failure 2 day
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ingua Protoris
19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY
TA CONTRACTOR OF THE CONTRACTO	YES NO
Z1A. ACCIDENT. SUICIDE. PHOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	
2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
m. work AT WORK	ug 15, 19 47 to Dec. 27, 1950, that I last saw
deceased alive on 1022.26, 19 5 Cand that death occu	and at 10 Pm., from the causes and on the date stated abo
234 SIGNATURE	23B. ADDRESS. 23C. DATE SIGNE
X. Krulevita, M.D.	244 N. Hellow St. 12/29/5
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Cometery 4430 Belair Rd Balt Md.
LOCAL REGISTRAR	Frank Della Lega s. High st.
DEC 291950 643	8C 94a

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BIRTH NO. 1. NAME O (Type or Pr
3. PLACE C
B. FULL NA HOSPITAL INSTITUTION
c. Length
S. SEX
work done during
1/0

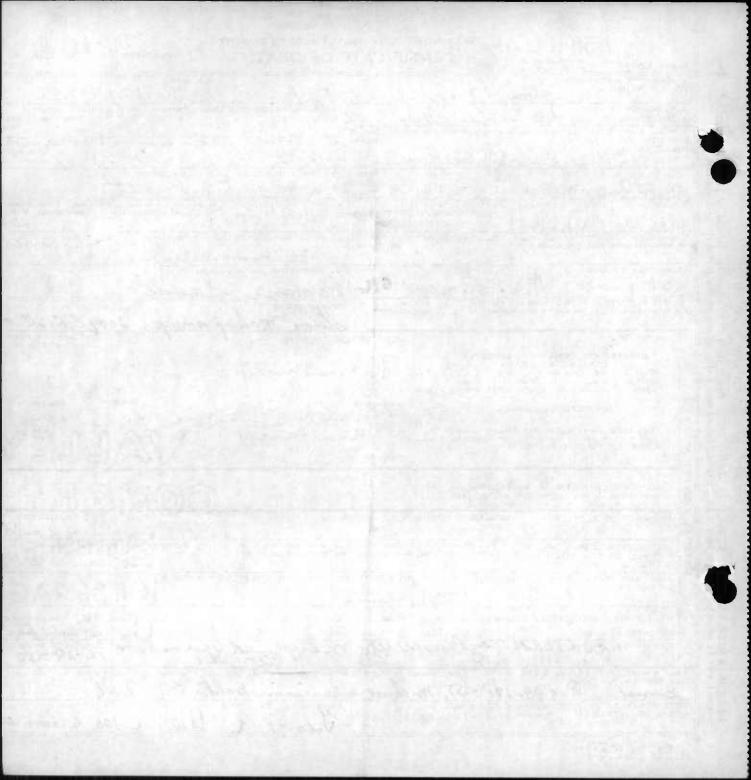
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gistered						

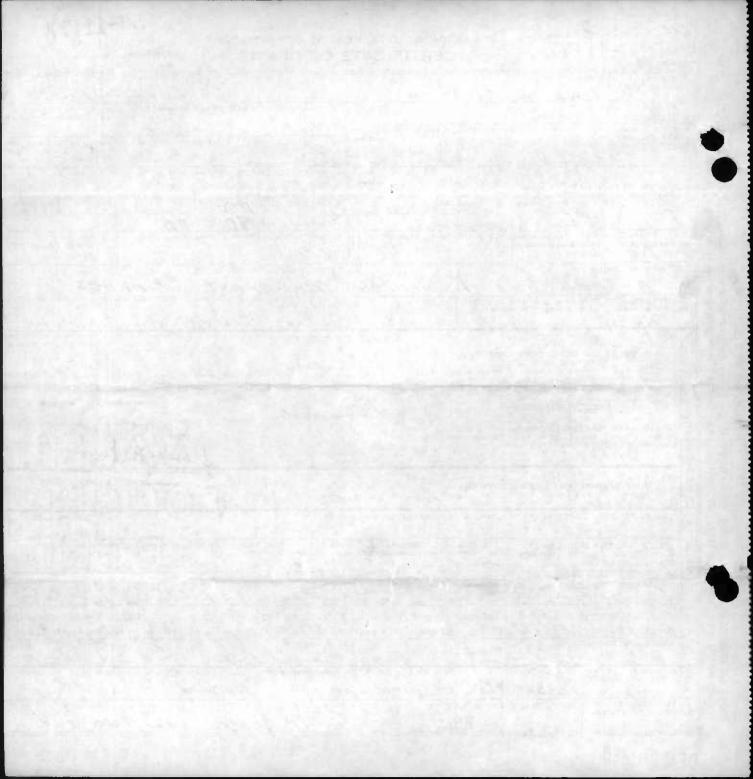
	11175	BALTIMORE CITY HE	EALTH DEPARTM	MENT	DU-11175
	J.L.I. / O	CERTIFICATI	E OF DEATH	- Registered	No.
=	. NAME OF DECEASED			10.5.5	
(7	Type or Print) Hugu	B. Car	berry	2. DATE OF DEATH	28-50
	. PLACE OF DEATH: . Baltimore City, Maryland	Bulto.	4. USUAL RESIDE	NCE (Where deceased fived, If	(institution : residence before admission)
	FULL NAME OF (If not in hospital or OSPITAL OR	institution, give street address or location)	/\	1a.	
	NSTITUTION	O/	C. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give
0	4006 North	erh FDV	10	Ja170. 2	7-05
C.	. Length of stay in Baltimore	J5 Yrs Mos. Days	HOOL	SS (If rural, give location)	KL
5		SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
	Male White	VIDOWED, DIVORCED (9) ocify)	F.1 16 18	last birthday) M	onths Days Hours Min.
10	OA. USUAL OCCUPATION (Give kind of 10E	. KIND OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF
""	k done during most of working life, even if retired)	. S. GoV. INDUSTRY	1961	Lunna.	WHAT COUNTRY
13	3. FATHER'S NAME	. 3. 00 4.	14. MOTHER'S MAI		0.9/1
	John Carba		Ann C	Slark	
(Ye	5. WAS DECEASED EVER IN U.S. ARMED FOR on, no pr unknowo) (If you, give war or dates of set	CES? 16. SOCIAL	17. INFORMANT	A	DPRESS ()
	No	Nona	Mark Nea	& Hook Non	hern KKL
	18. 443X	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRE	CTLY	0	2 0	DEATH
	(This does not mean the mode of dyi	ng, e. g., (A) Lu	Gronay /	esem	6 Kanes
	heart failure, asthenia, etc. It means the injury or complication which caused	e discase, l death.) OUE TO			
	ANTECEDENT CAUSES			Mary Design	
Z		(B) Card	in - Vasuels	en Hypertensine	e 10 you.
은	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT	, GIVING	, .	01	
CATION	UNDERLYING CONDITION LAST.	(c) Cu	Amoschan	i	10 mor.
F					
ERTI	OTHER SIGNIFICANT CONDITION	IS CON.			
CEF	TRIBUTING TO THE CEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATEO			
	19A. DATE OF OPERATION O 198. N		ATION		20. AUTOPSY?
CAL					YES NO
EDIC		IB. PLACE OF INJURY (e. g., ic ut home, farm, factory, etreet, office bldg., e		D (If in Baltimore City,	give exact location)
Σ	210. TIME (Month) (Day) (Year) (Hou	ur) 21E. INJURY OCCURRI	ED 2 IF HOW DID	INJURY OCCUR?	
	OF INJURY	WHILE AT NOT WHILE		MOON OCCON	
		m. WORK AT WORK		7	
	22. I hereby certify that I attended		·c, // , 1950	to Dec. 28, 195	U, that I last saw the
	deceased alive on Dec. 27, 19			from the causes and on t	he date stated above.
	23A. SIGNATURE	2	3B. ADDRESS	0	23C. DATE SIGNED
2	4A. BURIAL CREMATI ZAB. DATE	M. D. 4	BY OR CREMATORY	24D. LOCATION (City, town	or county) (State)
TI	ON, REMOVAL (Specify)		with the second second		
-	BURIAL JAN 2 1			PHILADELPH	
A	OF M BECKETTO	4.2 .	25. FUNERAL DIRE	CTOR	ADDRESS
U	1EC 291950 Themetic wifer	· Philipping 11 .	10 7/20 1	7110 R.	V-:

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before admission)

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If Under 24 Hours

12. CITIZEN OF

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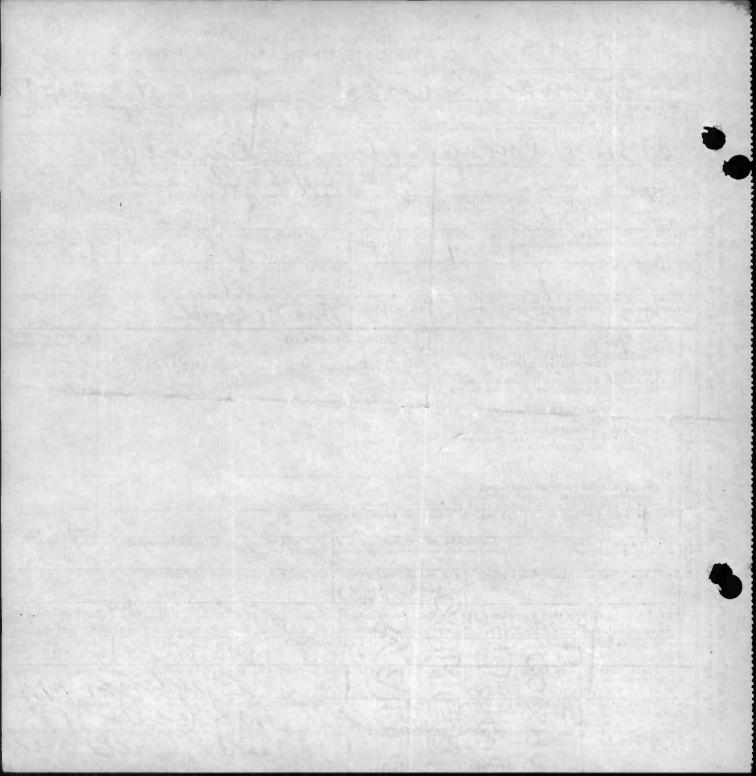
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20. AUTOPSY

19__, that I last saw the

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23c. DATE SIGNED



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B-65P11179	BALTIMORE CITY HE		Registered No	0-11179	
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No),	
1. NAME OF DECEASED (Type or Print) HARRY EDWARD BRO	OWN		2. DATE OF DEATH Decemb	or 28, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE			
B. FULL NAME OF (If not in hospital or ins HOSPITAL OR INSTITUTION 731 N. Eutaw Sta	titution, give street address or location)		If outside corporate limits,	write RURAL and give township)	
1)1 H. HUGA 501	Yrs. Mos.	D. STREET ADDRESS ()			
c. Length of stay in Baltimore	Days	731 N. Butaw	Street		
male colored	NGLE (MARRIED.) DOWED; DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mon	nder 1 Year It Under 24 Hours the Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work docoduring most of working life, even if retired) 13. FATHER'S NAME	CIND OF BUSINESS OR INDUSTRY	14. MOTHER'S MAIDEN I	X	2. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	lice Bro	DRESS	
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) Fracture of skull and cervical vertebr DUE TO (B) Intracerebral hemorrhage DUE TO DUE TO COUNTY OF THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	JOR FINDINGS OF OPER	ATION		YES NO	
U 21A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB. about but uting Cause of Death.	PLACE OF INJURY (e. g., in nome, farm, factory, street, office bldg., e a home	tc.) INJURY OCCUR?	(If in Baltimore City, give Lutaw Street	1113	
OF INJURY Dec. 28,1950 ?a.	WHILE AT NOT WHILE		two stories		
22. I certify that I took charge of		bove, held an aut	opsy	thereon and from	
the evidence obtained by said A and greath in my opinion result	Autopsy, Inspection or I ed from: natural causes	nquiry, find that said	, Inspection or Inquiry deceased died on the c □, homicide □, un	day stated above, determined [].	
Harley N. De		238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER De	c. 28, 1950	
24A. BURIAL, CREMA. 24B DATE TION, REMOVAL (Specify) 2 -3 1-5	24c. NAME OF CEMETE	LAND CREMATORY 240.	Sallmo	r county) (State)	
	ATURE A / YALL AND A / / / / /	25. FUNERAL DIRECTOR	ted 9/8.	Dry	
VS 151 N-804.2	754 6	M	181	ball	

pplied. The

UNFADING INK. Every item of information should be carefully Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLA

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BALTIMORE CITY HEALTH DEPARTMENT

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E	BIRTH NO.			CERTIFICAT	E OF DEATH	Registered 1	No
	. NAME OF D	ECEASED				2. DATE	
1	Type or Print)	ANN	A F. Mc	DONOUGH		OF _	00 1000
3. PLACE OF DEATH: A. Baltimore City, Maryland				200000011	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission		
В	FULL NAME	OF (If not in hospit	al or institut	tion, give street address o	Md.		
H	OSPITAL OR	1606 N. Sm		location			
1	1						
T	7 9 11			Yrs.	D. STREET ADDRESS	(If rural, give location)	
11-		tay in Baltimore		Mos. Days	1606 N. Sma	allwood St.	
5	. SEX	6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (in years last birthday) Mo	onths Days Hours Min.
	female	white		narried	Mar. 10. 1876		
1 wo	OA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	O OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
		sewife	at ho		Rhode Island		WHAT COUNTRY?
1.	3. FATHER'S N		00 110)III(O	14. MOTHER'S MAIDE		
	Tohn Mar	\ama1.3					
1	John McD	D EVER IN U. S. ARMEI	- FORGERA	I va analysis	Marguerite	Hayden	
(Y	es, no or unknown)	(If yes, give war nr date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
-			•		Mr. James R.	McDonough - 16	506 N. Smallwor
CATION	C)					10 ys.	
CERTIFI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED Carcenon	- Jestum		f months.
AL	19A. DATE O	F OPERATION 0 1	98. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Obout home, form, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or location) LYING OR CONTRIBUTING INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR?						
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from Joyney, 1932, to Dec 25, 1950							
	he date stated shows						
deceased alive on 1950, and that death occurred at 1 m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 21 23C. DATE SIGNED							
		alber	Plunh	M. D.	238. ADDRESS 2 8fm	onten Ane	12/29/50
TI	4a. BURIAL, C ON, REMOVAL (S Buria)	24c. NAME OF CEMETI		Balto. Md.	or county) (State)
0	ATE RECEIVED	BY REGISTRAR		RE.	25 FUNERAL DIRECT	relever V	ADDRESS

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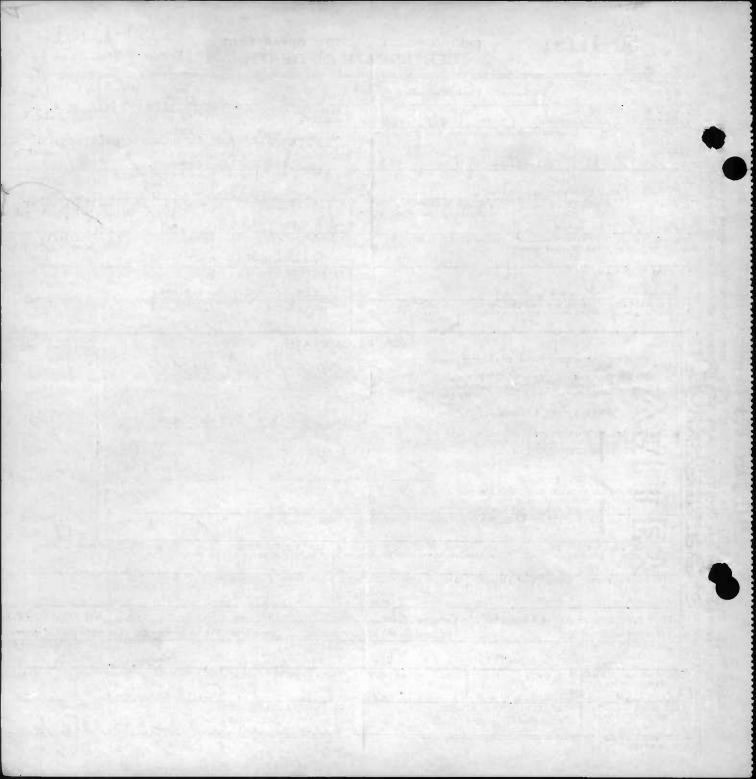
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BALTIMORE CITY HEALTH DEPARTMENT

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stound Mo		

	ВІ	No.		
		NAME OF DECEASED John Lavenaugh	2. DATE OF DEATH	-281 1950
	A. B.	PLACE OF DEATH: Baltimore City, Maryland 2	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)
		SEPITAL OR STITUTION LISTED A The Production	Baltimore /	ts, write RURAL and give township
		Length of stay in Baltimore Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)	3. 3. hay 1869 9. AGE (in years last birthday) Me	d Under 1 Yeer A Under 24 Hours on the Days Hours Min.
		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Kana and a
	18	Denis Koven augh	Katherine Conway	
	(Yes	WAS DECEASED EVER IN U.S. ARME FORCES? 16. SOCIAL, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT	DDRESS
		18. 422.1 CAUSE	OF DEATH	INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	home My ocardilis	341;
		2 1		
	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	rense Q crewses	795
	< 1	UNDERLYING CONDITION LAST.		
	RTIFIC	(C)		
	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
	CA	21a. ACCIDENT, SUICIDE. 21b. PLACE OF INJURY (6. g., i		give exact location)
	MEDI	HOMICIDE (Specify) about bome, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	
	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY		
		m. WHILE AT NOT WHILE AT WORK		
4		22. I hereby certify that I attended the deceased from	1950, to Dec 28, 195	2, that I last saw th
		deceased alive on Nec 28, 1950, and that death occur		he date stated above
		Ce Sill Hall Mit M. D.	1631 & North Cus	De 29-1950
0	24 TIC	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town	, or county) (State)
	6		25. FUNERAL DIRECTOR	ADDRESS
	T	COLORO	Rila Wiedefeld 900 E. S.	Biddle Sh
1	-	45 ¹ 15000		937



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BALTIMORE CITY HEALTH DEPARTMENT

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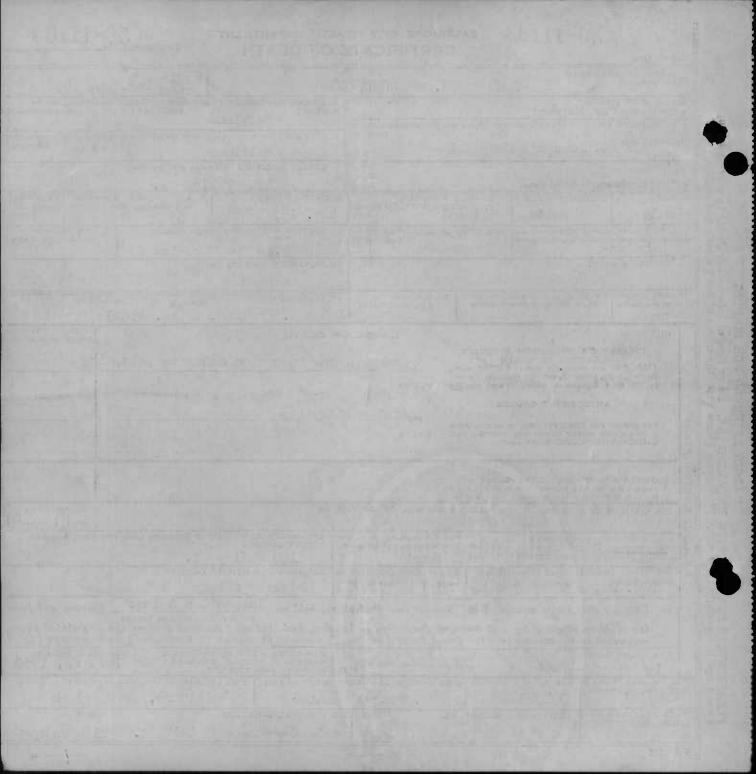
	CERTIFICATE OF DEATH Registered No.				
	1. NAME OF DECEASED (Type or Print) Magdalen Butcher	2. DATE OF 12/28	/50		
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY Maryland	before admission)		
	Maryland general Hospilal	R H.	township)		
0	c. Length of stay in Baltimore Mos. Days	1606 gail Rd			
	Female WIDOWED, DIVORGED (Specify)	June 13,189 8 last birthday) Month	der I Yest If Under 24 Hours hs Days Hours Min.		
	10A. USUAL OCCUPATION (Givekind of Mork done during most of working life, even if retired) Housewald	11. BIRTHPLACE (State or foreign country) 12	WHAT COUNTRY		
	Henry a. School	14. MOTHER'S MAIDEN NAME?			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD Narry M. Butcher, 1606 Sta	ail Rd.		
		OF DEATH.	INTERVAL BETWEEN		
	heart failure, asthenia, etc. It means the disease,	t lobar pneumonia	7		
	injury or complication which caused death.) ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING	pertensive condiovascular case	7		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	terioscleratic heat disease	?		
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.				
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY7		
	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidge				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK				
,	deceased alive on 1228, 1955 and that death occur	12 28, 1950to 12 28, 1950to	that I last saw the		
		38. ADDRESS general Korpital	23c. DATE SIGNED 12/28/50		
	24A. BURIAL CREMA- 24B. DATE TION, BEMOVAL Specify) Burial 24B. DATE 24C. NAME OF CEMETER 2	RY OR CREMATORY 24D. LOCATION (City, town, or Camelery Baltimore)	county) (State)		
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR DEC 201950	Wm. Book Duc 1217 SB.	Paul fl		
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he	В	IRTH NO. CERTIFICAT	E OF DEATH Registered No.	
H	1.	NAME OF DECEASED	2. DATE	
ed.		Type or Print) Alfred J. T. Warehime	DEATH Decemb	er 28, 1950
upplied	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in a. STATE B. COUNTY	stitution : residence before admission)
1	H	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location		write RORAL and give
E.	11/	3515 Buena Vista Avenue	Baltimore 2	township)
Fidi		Yrs.	D. STREET ADDRESS (if rural, give location)	
ca	c.	Length of stay in Baltimore 40 years Mos. Days	3515 Buena Vista Avenue	
pe	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years) # U	
uld y a		Male White Married	May 24, 1890 60	Days Hours Min.
on should be carciu	10 worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, eveo if retired) (Company to the control of the contro	Y	2. CITIZEN OF WHAT COUNTRY?
ion h cl	13	Carpenter Const.	Maryland 14. MOTHER'S MAIDEN NAME	USA
information s of death cle		John Warehime		
for f d	15	5. WAS DECEASED EVER IN II S ARMED FORCES? 16 SOCIAL	Olevia Myers	22500 111 1
in s	(Ye	No of uokoowo) (If yes, give war or dates of service) SECURITY NO. 217-05-9075		ORESS Vista A
of	-	1=1 0) 701)	Mrs. Catherine R. Warehime 3	INTERVAL BETWEEN
ca		DISEASE OR CONDITION DIRECTLY	A 1	ONSET AND DEATH
ry item of in		LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)	ronary Heart Die	1/2.1-
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
W			111	
K.	z	ANTECEDENT CAUSES	roxan Head Die	154cm
INK.	2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
5	Y	UNDERLYING CONDITION LAST. (C)		
ADING icians:	님			
UNFADING Physicians:	E	OTHER SIGNIFICANT CONDITIONS CON-		
N. A.	ij.	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H		19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
WITH tant.	DICA			YES NO
, WITH	EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office blds.	in or 21C. WHERE DID (If in Baltimore City, give, etc.) INJURY OCCUR?	ve exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
古		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
PL		22. I hereby certify that I attended the deceased from	113	That I last ones the
		dcceased alive on 26, 19.50, and that death occur	erred at 6 'Son, from the causes and on the	date stated above
WRITE e is esp			23s. ADDRESS	23c. DATE SIGNED
WI ge i		georard Walleust M. D.	578 W 36 mgg	12/29/50
age a	710	ON AEMOVAL (Specify) 24B DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, o	r county) (State)
EA:		Burial Jan. 2, 1951 Woodlawn	Baltimore Co., M	aryland
PLEASE correct a		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADĎRESS

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Burgee Funeral Home 3631 Falls Road

51024 Horace F. Burgee 94

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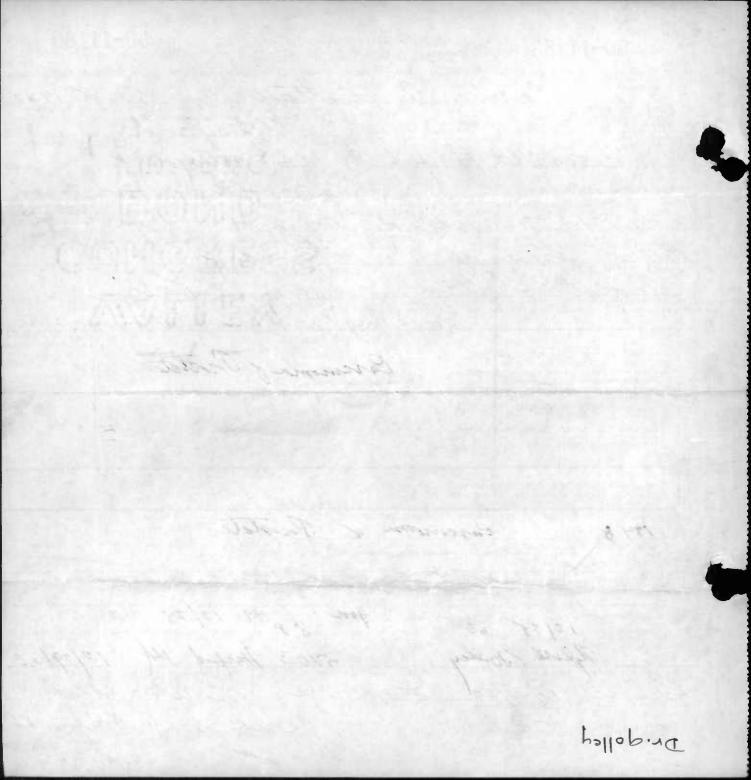
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF pplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY B. FULL NAME OF (If not in)hospital or institution, give street address or HOSPITAL OR INSTITUTION 2 location' (If outside corporate limits write HURAL and give OR TOWN C. CIZ township) D. STREET ADDRES Yrs. (If rural, give location) car c. Length of stay in Baltimore 00 Par pe and 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH AGE (in years If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) should clearly IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during meet of working life, even if retired) INDUSTRY WHAT COUNTRY? information s 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURIT causes of INTERVAL BETWEEN 18. item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED te heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ī RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19 ADATE OF OPERATION 198. MAJOR FINDINGS OF **OPERATION** 20. AUTOPSY 194 ortant. CA 21B. PLACE OF INJURY (e. ... in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER EDI LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21f. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED OF INJURY ecially NOT WHILE WHILE AT AT WORK WORK no . 19 8 Chat I last saw the 22. I hereby certify that I attended the deceased from_ esp deceased alive on. 19 & V. and that death occurred at from the causes and on the date stated above. WRITE e is es 23c. DATE SIGNED ge BURIAL, CREMAtown, or county NAME OF CEMETERY 240. LOCATION (City, PLEASE a REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

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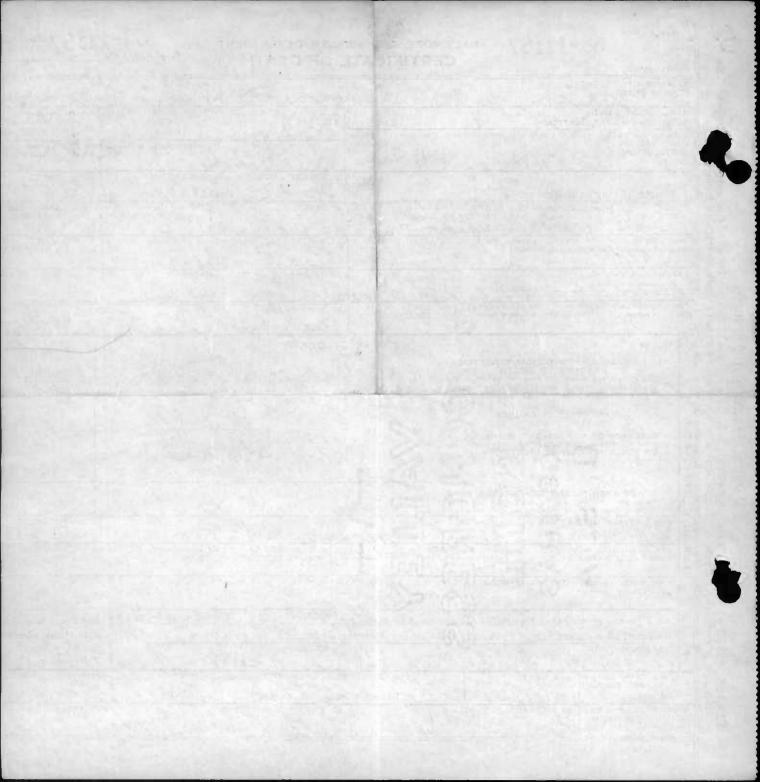
+35 50-11186 Registered No. BALTIMORE CITY HEALTH DEPARTMENT 50-11186 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ec. 08.1 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deccased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location utside corporate limils. C. CITY OR TOWA INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Dave should be 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In grars If Under 1 Year If Under 24 Hours Months: Days | Hours: Min. ov. 12-1863 wanves 10A. USUAL OCCUPATION (Give kind of works during most of working life, even the kind) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRA WHAT COUNTRY? information s of death cle many FATHER'S NAME 4. MOTHER'S MAIDEN NAME (Yes, no or unknown) SED EVER IN U.S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO of MTERVAL BETWEEN 18. DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of Orselste LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ADING UNFADING Physicians: 4 (C) U Ĭ. RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 6 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ō about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from_ 1947 to 121 , 1952, that I last saw the 1950, and that death occurred at 8 4 PLEASE WRITE correct age is est deceased alive on 1 77 from the causes and on the date stated above. : m .. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24 BURIAL, CREM 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 246. LOGATION (City, town, or county DATE RECEIVED BY EUNERAL DIRECTOR A/DDRES LOCAL REGISTRAR

RESERVED

MARGIN



50-11187 BALTIMORE DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH S. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY hefore admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location fit BORAL and give (If outside corporate mits INSTITUTION township) legibly Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days and 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years ti Under 1 Year Il Vader 24 Hours last birthday) Months Days Hours Min. WIDOWED DIVORCED/Specify) plnods gunga 1870 clearly 10A. USUAL OCCUPATION (Givekinder) 108. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? information muser death 130FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15) WAS BECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Jo ADDRESS INFORM SECURITY NO. 802 causes of INTERVAL BETWEEN 18. CAUSE OF DEATH FOR ONSET AND DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e.g., (A) write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (8) DISEASES OR CONDITIONS, IF ANY, GIVING ATI RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. L. (C) 11 RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. noma o MEDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY especially WHILE AT NOT WHILE 1950 to Dec 28, 1950 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on Der 28 10 50 and that death occurred at 3:40 Pm., from the causes and on the date stated above. PLEASE WRITE 238 ADDRESS 22A. SLONATURE 23c. DATE SIGNED age 24A BURIAL, CREMA-248. DATE 24C.(NAME OF CEMETERY OR correct SUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ADDRESS LOCAL REGISTRAR VS 150

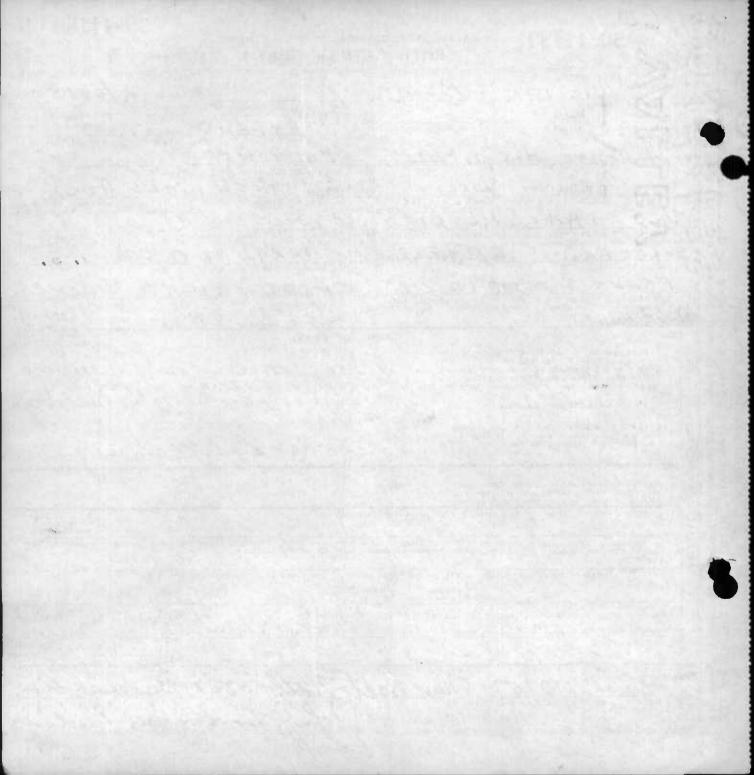


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MARGIN R	I UNFADING I	Physicians: pl
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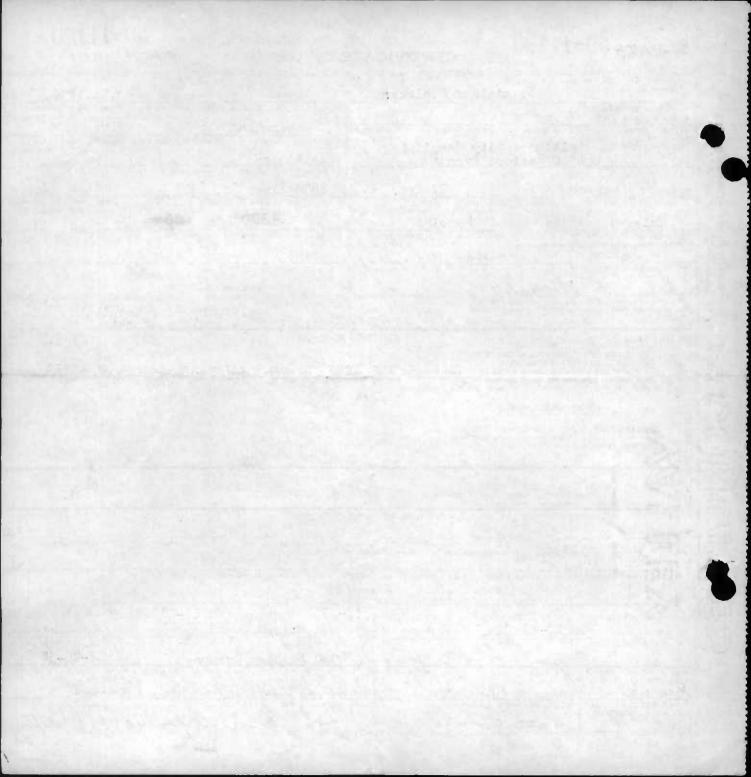
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1	BALTIMORE CITY HE	EALTH DEPARTMENT 50-44488
	BIRTH NO. 11188 CERTIFICAT	E OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) MR. WALTER YINCENT Smit	2. DATE OF 12-29-50
	3. PLACE OF DEATH:	DEATH DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence
	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)
	HOSPITAL OR location)	
	13 OM SECOURS	BALTIMORE (township)
	Yrs. Mos. c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
	WIDOWED, DIVORCED (Specify)	4-6-80 last birthday) Months: Days Hours Min.
	IOA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Retired Balto City Fire dept	BALTO. M
	T(T : 6 :-	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT AMPROVENTON
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	11 11 11 11 11 11 11 11 11 11 11 11 11
	18. 00 2 X . CAUSE	OF DEATH PARTY CONAN-5119 AVE.
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dving, e.g.,	ONARY JUBERCULOSIS
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	
	Z DISEASES OR CONDITIONS, IF ANY, GIVING (B)	
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
	(c)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
	TRIBUTING TO THE DEATH, BUT NOT RELATED	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
		YES NO
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	
	2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.	ED 21F. HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT WHILE M. WORK AT WORK	
	22. I hereby certify that I attended the deceased from 12-	20 , 1960, to 12-29 , 1950, that I last saw the
	deceased alive on 12.29 1950 and that death occur	red at 6 2 Am., from the causes and on the date stated above.
1		38. ADDRESS 23c. DATE SIGNED
	24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE	
	Burial M30/50 Parkewo	to the med
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAC DIRECTOR ADDRESS
	OEC 99951 tentington Villiams, M.	Like 5305 Harford Rd
	ULVS 150	1/120
-	7629	5 1212

ALBRED DISCOURT FOR WALLEY THE TANK IN THE

50-11189 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) T. BLAIR OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION egibly. TIMOR Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2124 KOCK Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | M Under | Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dane during most of working life, even if retired) PRESS WHAT COUNTRY? SALES MAN .5. 13. FATHER'S NAME J. BLAIR ERICKA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18. 443 X CAUSE OF DEATH item ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IN HYPERTENSIVE CARDIO- URSCULAR (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO D'ISEASE & CARBING IN VIENTROPK PULMONARY CONGESTION- ENALU ANTECEDENT CAUSES (B) 9576M DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 10) HEPBTOMBGALY (CONGESTON ũ. E 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 4 218. PLACE OF INJURY (e.g., in nr 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about hame, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE [12/26 , 1950 to 12/ 22. I hereby certify that I attended the deceased from. 29, 1960, that I last saw the RITE is espe deceased alive on 12/29, 1960, and that death occurred at 8.55 M., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED M 24A. BURIAL, CREMA-TION, REMOVAL (Specify) PLEASE 24B. DATE Buria DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



M+422 50-11190 ND-144505 50-11190 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO MIELCZARZ 1. NAME OF DECEASED 2. DATE (Type or Print) Stanislaus Mielczaaz OF Dec.28.1950 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City Hospitals INSTITUTION legibly. 4940 Eastern Avenue Baltionee Yrs. D. STREET ADDRESS (If rural, give location) Mos 37 Yrs 2432 Fleet St. c. Length of stay in Baltimore (31)Davs should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. May 8,1890 Male White Married clearly 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during ment of working life, even if retired) INDUSTRY WHAT COUNTRY? Cahou Poland information 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL altimore City Hospitals 17. INFORMANT (Yes, no or unknown) SECURITY NO. 2-09-199 Records: INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Hypertensive Cardiovascular Disease Years heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. NOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: Ü 正 ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY VES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Pay) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 12-25 12-28 , 19 50that I last saw the 22. I hereby certify that I attended the deccased from_ . 19_5Qo_ 12-28 . 19. 50. and that death occurred at 4:10gn., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 12-28-50 4940 Eastern Avenue 24A. BURIAL, CREMA 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) cen. KOS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25/FUNERAL DIRECTOR LOCAL REGISTRAR houter 1/500/ VS 150

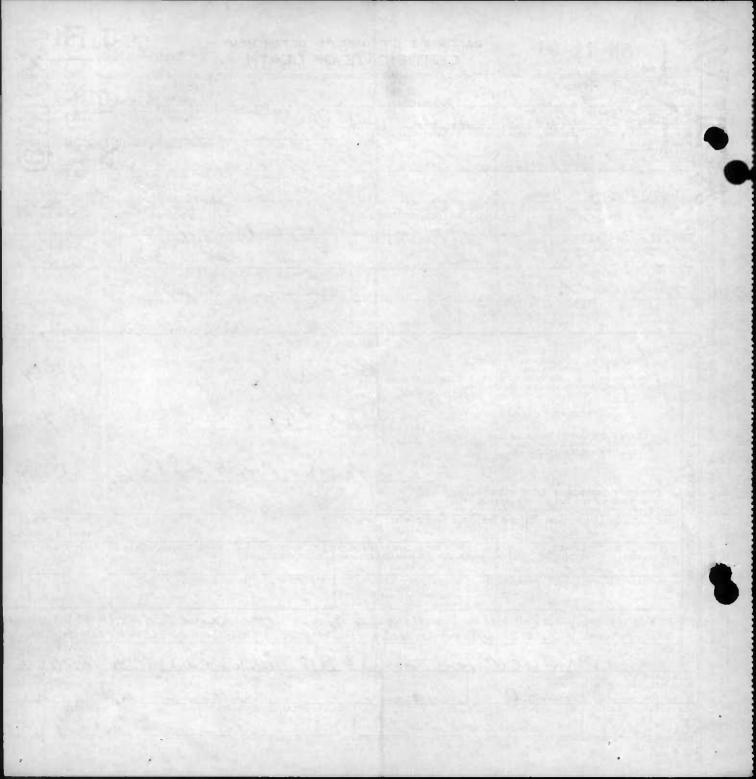


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	1191
gistered No.	

BIRTH NO.	1	CERTIFICAT	E OF DEATH	Regis	stered No.
1. NAME OF DECEASED	7/0	+ 2		2. DATE	4
(Type or Print)	00.11.1)unleand		OF DEATH	Dec. 20 195
3. PLACE OF DEATH: A. Baltimore City, Maryla		1. Hillonko	A. STATE		lived. If institution : residence
B. FULL NAME OF (If not in	n hospital or institut	ion, give street address of location	c. CITY OR TOWN	(16 autoido como	rate limits, write RURAL and
Institution .	lursing.	Tomo	Baltins		S-/O towns
77.		Yrs.	D. STREET ADDRESS		ation)
c. Length of stay in Baltin	nore	Mos. Days	47187 Rel.	Libert	Hot to Re
5. SEX 6. COLOR OR	RACE 7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In	year# If Under 1 Year If Under 24
Temale Wente	1/1	Loved (Specify	Oct. 4. 187	8 72	Months Days Hours M
10A. USUAL OCCUPATION (Gi work done during prost of working life, even	vekindof 10B. KIND	OF BUSINESS OR	11 BIRTHPLACE (Sta	te or foreign country	12. CITIZEN OF WHAT COUNT
_ Ttousevile		me_		rland H	ud h. S.
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME	
-Charles 7.	Tankers	ley	Tomaro	va. Wes	reter/
(Yes, no or unknown) (If yes, give we	ARMED FORCES?	SECURITY NO.	17. INFORMANT	- 0	30 ADDRESS
			Www. William	B. Vurlan	alexanderia l
18. 5014		CAUSE	OF DEATH		INTERVAL BETW
DISEASE OR COND	ITION DIRECTLY	4	L	A	ONSET AND DE
LEADING TO	DEATH	13	und!	tis	19500
(This does not mean the heart failure, asthenia, etc	mode of dying, e. : It means the diseas	g., (A)	70100		
injury or complication	which caused death	.) DUE TO		1	
ANTECEDENT	CAUSES		irthur	iti	10 4
Z		(2)	cevily		111/
DISEASES OR CONDIT					
UNDERLYING CONDIT	ION LAST.		1	1	1 3
		10 /	and By	Load 1	stope 40 of
OTHER SIGNIFICANT	COMPLETIONS	(0)			- NJICA
H TRIBUTING TO THE DEAT	H. BUT NOT RELAT	ED			
U TO THE DISEASE OR CO			DATION		1 20 AUTODES
19a. DATE OF OPERATION	O ISB. MAJOR	FINDINGS OF OPE	KATION		20. AUTOPSY
U 314 ACCIDENT SUICIDE	21a Pl	ACE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Beltimor	re City, give exact location)
A HOMICIDE (Specify)		arm, factory, street, office bldg.			e Oity, give exact location)
N N					
21p. TIME (Month) (Day) OF INJURY	(Year) (Hour)	21E. INJURY OCCURE		NJURY OCCUR?	
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22 I handha antifor the			m, 1944	10 0 0 2	C10 CALLANT I last com
22. I hereby certify tha	,				8195 that I last saw
	7 2 T, 1919 U				nd on the date stated abo
23A. SIGNATURE	f. a. P(1		23B. ADDRESS	0	PAR 23C. DATE SIGN
24A. BURIAL, CREMA- 24B.	MICH	24c. NAME OF CEMETI	ERY OR CREMATORY 2	24D. LOCATION (C	ity, town, or county) (Sta
TION, REMOVAL (Specify)	60/	24C. NAME OF CEMET	/ OR CREMATOR!	Ab. Location to	e e e e e e e e e e e e e e e e e e e
Burial Dec	20/50	Woodlawn	1	Saltemore	Co. Kis
LOCAL REGISTRAR	STRARYS SIGNATI	1110	25. FUNERAL DIREC	TOR	ADDRESS
DEC 291950	mater wor /	Mianus, Miss	Laring 1	Lyona / 50	25 1 K Hal Ololl
VS 150	33		The state of the s		
VS 150			0		. 1060
					1000



BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HARRY MARION CASSELL OF DEATH Dec. 27, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION 27 33rd. Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1627 E. 33rd. Street c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years If Under I Year II Under 24 Hours last birthday) Months; Days Hours: Min. Il Under 24 Hours WIDOWED, DIVORCED (Specify) Married Apr. 12, 1881 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) B & O R. R. CONDUSTRY TISWHAT COUNTRY? Maryland LUC. ENGINEBR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fletcher Cassell Sarah Krause 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or uokoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 1027 E. 33rd. Abbreet (Yes, no or uokoown) Mrs. Agnes R. Cassell INTERVAL BETWEEN CAUSE OF DEATH 2011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ī. RH OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш

TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

(If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

19A. DATE OF OPERATION

21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

OF INJURY

NOT WHILE! WHILE AT

22. I hereby certify that I attended the deceased from 3 - December 194 to 27-Dec - , 195, That I last saw the 1950, and that death occurred at 230 Pm., from the causes and on the date stated above. deceased alived & CC 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY

240. LOCATION (City, town, or county)

burial DATE RECEIVED BY LOCAL REGISTRAR

busting 1500 / Milasile, M.

New Cathedral Cemetery Baltimore, Md. ADDRESS

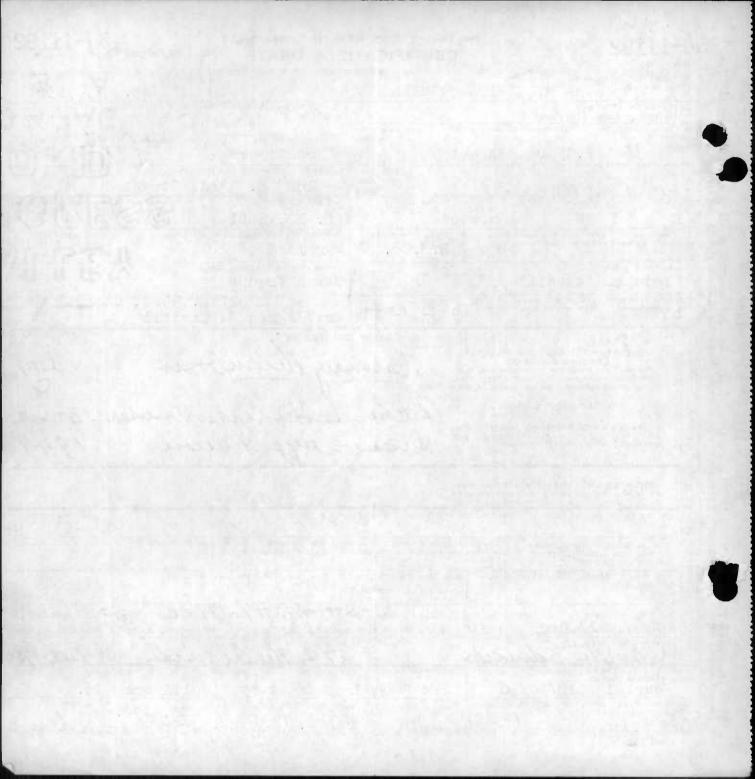
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20. AUTOPSY

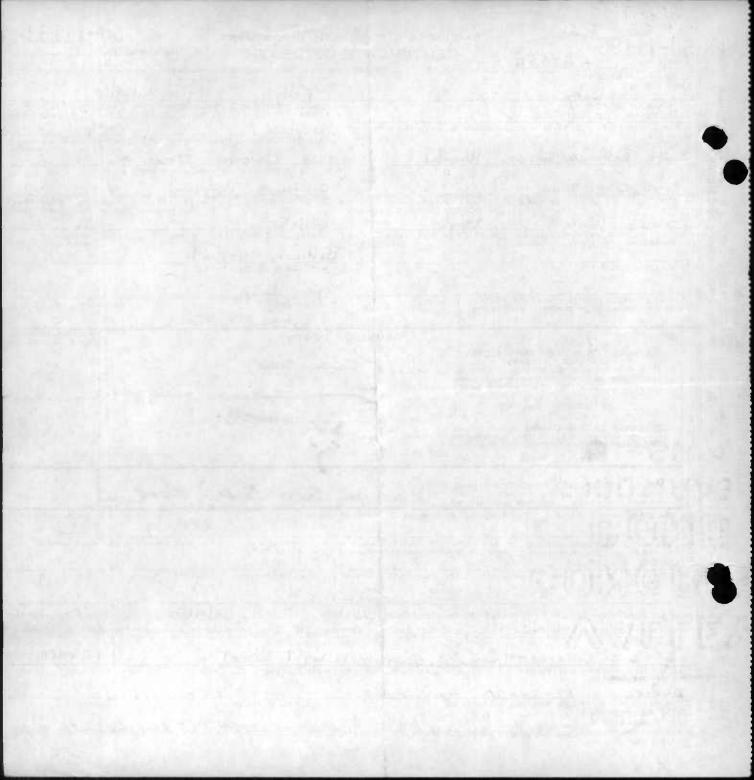
UNFADING Physicians: 1

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information s



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Registered No.	TTTOO				
DATE OF 12/29/5					
e deceased lived. If inst	Oeffre admission)				
side corporate limits, w	rite RURAL and give township)				
lard	r I Year If Under 24 Hours				
last birthday) Month	B Days Hours Min.				
gn country) 12	CITIZEN OF WHAT COUNTRY?				
ADDR 20 R.D.C.	RESS				
	INTERVAL BETWEEN ONSET AND OEATH				
•••••••••••••••••••••••••••••••••••••••					
Rother	20, AUTOPSY7				
Baltimore City, give	YES NO				
CCUR?					
Also, 19, the causes and on the c	late stated above.				
Maria de la companya	3C. DATE SIGNED				
ATION (City, town, or o					
1426/104	DDRESS TSX CXGS				



BALTIMORE CITY HEALTH DEPARTMENT

The	ВІ	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	No
		NAME OF C	ROBERT LI	GE WILL	TAMS		2. DATE OF DEATH DE	c. 29, 1950
pplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (VA. STATE	Where deceased lived, li B. COUNTY	institution; residence before admission)		
rezull, ibly.	III	SPITAL OR	US Marine Hoan Pk. Drive	a 31st	ion, give street address or location)	c. CITY OR TOWN (II		ts, write RURAL and give township)
VDING information should be careaus of death clearly and legibly.	c.	Length of s	tay in Baltimore		ll days Yrs. Mos. Days	D. STREET ADDRESS (If		
uld b	5.	SEX M	6. COLOR OR RACE	WIE Y	E. MARRIED. PED DIVORCED (Specify)	8. DATE OF BIRTH 5/6/93	9. AGE (In years last birthday) Mo	M Under 1 Year (1 Under 24 Hours onths Days Hours Min.
on sho	10 worl	doue during most	CUPATION (Give kind of of working life, even if retired) khand	10B. KIND	OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or for Va •		12. CITIZEN OF WHAT COUNTRY?
VG rmati death	13	Joh	H. Williams	3		14. MOTHER'S MAIDEN N Mary Evans	AME	
BINDING of inform uses of dea	15 (Ye	. WAS DECEAS , no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US N	Agrine Hospit	al, Balto, Md.
FOR y item		(This does	SE OR CONDITION LEADING TO DEA onot mean the mode of	TH of dying, e. s	, (A) Sy J	OF DEATH		interval between onset and death
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四路	79	AA. BURIAL.	pecify) 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D. L Wolock /a	Enancos	
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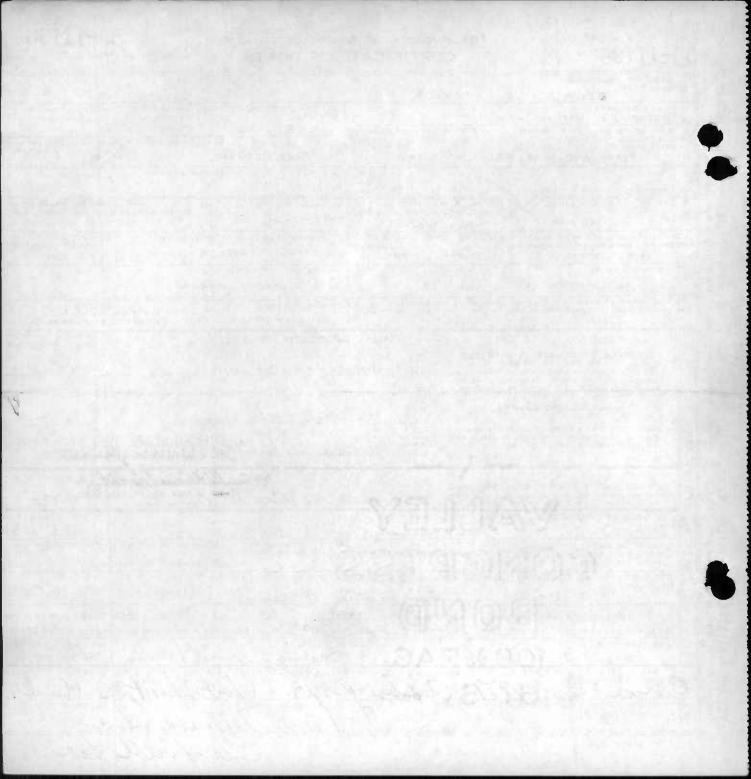
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The	B	RTH NO.	1-d, 826/5	00p.	CERTIFIC	ATI	E OF DEATH	Regist	tered No	
	('	NAME OF D Type or Print)	WIL	IAM	House	6		2. DATE OF DEATH	DEC 2	4.1950
upplied	_A	Baltimore C	City, Maryland	LH-	OPO. ion, give street add	ress or	4. USUAL RESIDENCE (VA. STATE	Where deceased I B. COUI		on residence efore admission)
y, 12	H	IOSPITAL OR NSTITUTION	THE JOHNS				13AL+1MORE	outside corpora	ate limits/write l	URAL and give township)
legibli	С		tay in Baltimore	Lif	e e	Yrs. Mos. Days	130 N. MA	rural, give local	tion)	
uld be	5	MALE	6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED.	Specify)	8. DATE OF BIRTH	9. AGE (In y last birthd	rears If Under 1 Yearlay) Months Da	ys Hours Min.
VDING information should be s of death clearly and l	10 WOI	OA. USUAL OC rk done during most o	CUPATION (Give kind of f working life, even if retired)		of BUSINESS (INDU	OR ISTRY	Baltimore	75.0	12. CIT	IZEN OF AT COUNTRY
G matio eath	13	3. FATHER'S N		141	one		14. MOTHER'S MAIDEN N.	NIG AME	10.5.	-
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MARGIN UNFADING Physicians:	CERTI	OTHER S TRIBUTING TO THE DI	IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D	******				
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Y, WITH	MEDIC		ENT WAS UNDER- CONTRIBUTING DEATH	218. PLA	ACE OF INJURY farm, factory, street, office	(e.g., in ee bldg., e	1 or 21c. WHERE DID (1 INJURY OCCUR?	If in Baltimore	e City, give exac	et location)
	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? MHILE AT NOT WHILE AT WORK AT WORK									
TE Prespecti		22. I herch	y eertify that I att		deceased from and that death		red at Herm. from t	he causes an	d on the date	I last saw the
WRIT ge is		23A. SIGNAT		me	м.	2	3B. ADDRESS		23c.	Dec 50
PLEASE WRITE correct age is esp	2 TI	ON REMOVAL (S Buria	pecify)	1950	Mt Calve				y, town, or count	y) (State)
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division of the second 37 30 15 Elenga Hillam and Brailty are

BE APPROVED 50-11196 BY CHIEF MEDICAL BALTIMORE CITY HEALTH DEPARTMENT EXAMINER Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) DEATH 12-30-50 TAYLOR EDWARD 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION MARYLAND GENERAL PORT DEPOSIT HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) | Months | Days | Hours | Min WIDOWED, DIVORCED (Specify) MALE 12-7-64 WHITE 86 WIDOWED 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle MARYLAND STOREKEEPER GENERAL STORE U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM TAYLOR ELEANOR JACKSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT AIKEN AVENUE (Yee, no or unknown) (If yes, give wer or dates of service) SECURITY NO. WILLIAM TAYLOR PERRYVILLE, MARYLAND jo INTERVAL BETWEEN 422.1 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH BRONCHOPNEUMONIA (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE AND ADING UNDERLYING CONDITION LAST. UNFADING Physicians: II. 11 RTI OTHER SIGNIFICANT CONDITIONS CONartiriosolirotic cardiovascular OR ASST. MEDICAL EXAMINER 20 yrs TRIBUTING TO THE DEATH, BUT NOT RELATED Ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 12-5-50 Fractured neck of right femuer 4 218. PLACE OF INJURY (e g., in or | 21c. WHERE DID 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? HOME Port Deposit, maryland CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE (Slipped and fell to floor 19 -50 Fell deceased alive on 12-29, 1950, and that death occurred at 1235 Am. from the case 23A. SIGNATURE , 1950, that I last saw the PLEASE WRITE correct age is esp Am., from the causes and on the date stated above. 23c. DATE SIGNED 12/30/50 maryland 24A. BURIAL CREMA-248. DATE CREMATORY 24c. NAME OF CEMETERY OR 10 ma DATE RECEIVED BY REGISTRAR'S SIGNATURE UNERAL DIR ADDRESS LOCAL REGISTRAR VS 150



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PLEASE WRITE PL

BALTIMORE CITY HEALTH DEPARTMENT

50-11197 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) ELLIS RIDGLEY TALBOTT & 2. DATE OF DEC. 29, 195	0
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence as the state of th	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUItal and	pive
INSTITUTION 5133 Helson avenue Baltithore City	
Yrs. O. STREET ADDRESS (if rust), give location)	
6. SEX 0 6. COLOR OR RACE 7. SINGO, MARRIED, 8. DATE OF BIRTH 9. AGE (In years) 11 Under 14 Under 24	Haurs
Wale White Grantes abril 6 1885 last birthday Months Days Hours	Min.
10A. USUAL OCCUPATION (Give kind of working life, even if retired) 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired WHAT COUNTY	rRY1
13. FATHER'S NAME	
Edward John Talbott & D. J. Jana Sohos!	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknows) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT D. 7. O. ADDRESS U. O.	
no 218-03-9657 hurs Ellis K. Salbott si 51337 less	n
18. 156 X I CAUSE OF DEATH	EATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Malianant / Tepatoma 6 mone	Rs
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING E RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	••••
UNDERLYING CONDITION LAST.	
<u>(c)</u>	
OTHER SIGNIFICANT CONDITIONS CON-	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS	Y17
21A. ACCIDENT, SUICIDE, 2B. PLACE OF NJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)	
D HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
deceased alive on Dec 28, 1950, and that death occurred at m., from the causes and on the date stated at	
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Joshue H. armeest M.D. 4419 Windsor Mill Ad Dec 28 19	A STATE OF THE REAL PROPERTY.
244 PIRIAL CREMA, 240 DATE 240 NAME OF CEMETERY OF CREMATORY 240 LOCATION (City four or quarty)	-
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The		TE OF DEATH Registered No. 11198						
	1. NAME OF DECEASED (Type or Print) LE O= C.= + RINNA EL B	2. DATE OF 12 ~ 28 - (7)						
ıpplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission						
	B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv						
	UN(Vr HOPP	Rosemont 5000 township						
e c l leg	c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED	1 1817 HOUSTANA AUR TAT						
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on shou clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen*1. Mgr. Ship Chandlers	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY						
G matic eath	13. FATHER'S NAME FER DINAND Krimmelbein	14. MOTHER'S NAIDEN NAME FRIEDA 2						
BINDING of information uses of death cle	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS AVE						
	no	Mrs. Mary M. Krimmelbein - 2817 Louisiana OF DEATH						
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(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchogenic carcinoma left								
RESERVED INK. Ever please write	(B)	lobe, secondary abscess and ctasis left lower lobe, metastases						
N RE	UNDERLYING CONDITION LAST.							
MARGIN UNFADING Physicians:	E II	, duremans, bil. fover						
MA UNF Phys	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
₩.	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY? YES NO						
, WIT	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.							
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY WHILE AT NOT WHILE							
(TE PL especia	22. I hereby certify that I attended the deceased from 11.	8 , 1950 to 12-28 , 1950 that I last saw th						
IS: R	deceased alive on 1225, 1950, and that death occu	arred at 6:50 2m., from the causes and on the date stated above						
E Wage	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
PLEAS	Burial 1/2/51 Loudon Park Date Received by Registrar's Signature	Cem. Balto., Md.						
PI	LOCAL REGISTRAR THURSDAY WILLIAM	21 m. J. Vickner & Sais Balto						
	vs 150 290 60	+7c md.						

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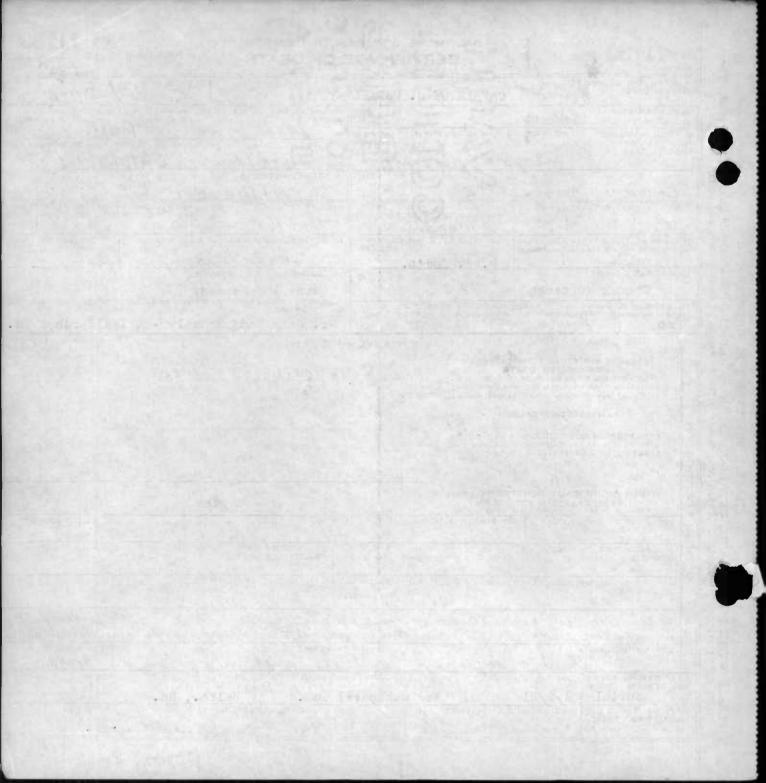
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See Document File 50-11198 2/1/1951



LOCAL REGISTRAR 151

50-11200

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYT

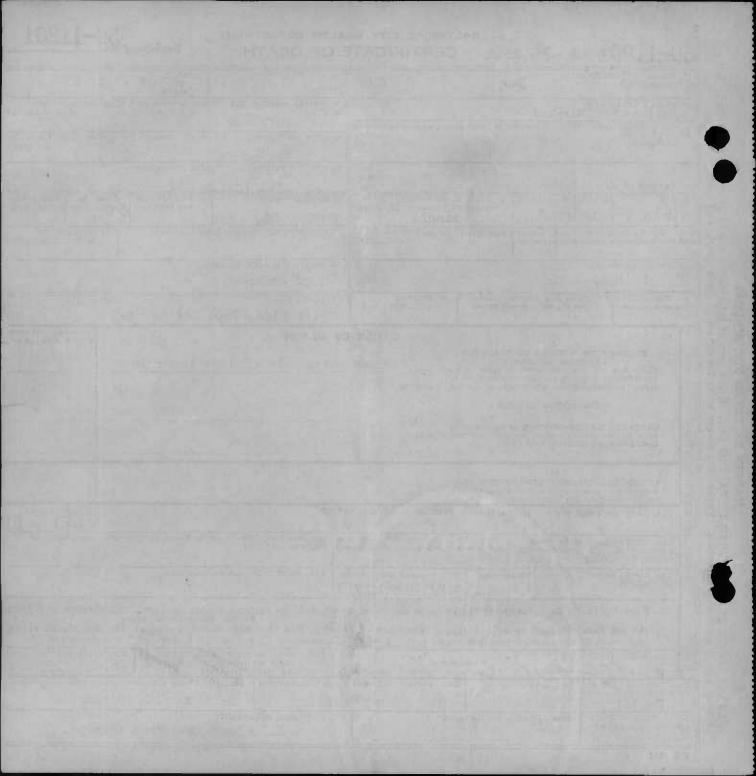
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Pelair R

before admission)

township)

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) William Jacob OF DEATH 12-29-50 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate fimits write RURAL and give 6000 Bellone Ave. INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 36 N. Decker Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH . SINGLE, MARRIED 9. AGE (in years) last birthday) Months: Days Hours: Min. Male WIDOWED, DIVORCED (Specify 77-9-7877 Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired. information of death cle Maryland Retired Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Yinger Henry Jacob 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes 38 Flagship Rd. Dundalk Md CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ARTGRIASCE GREET (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) GAR. INT . NEPH. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ICI CEREBRAL HEMORAHAGE ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from GCT 15, 19 10, to DEC 29, 1900, that I last saw the espi PLEASE WRITE correct age is esp deceased alive on DEC 29 1910, and that death occurred at 5.10 m., from the causes and on the date stated above. 23A SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Western Baltimore 1-2-1951 uria] REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAD REGISTRAR Land of the Milliams lan 3000 E. Baltimore St.

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50-11202

If Under 1 Year

12. CITIZEN OF

before admission)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

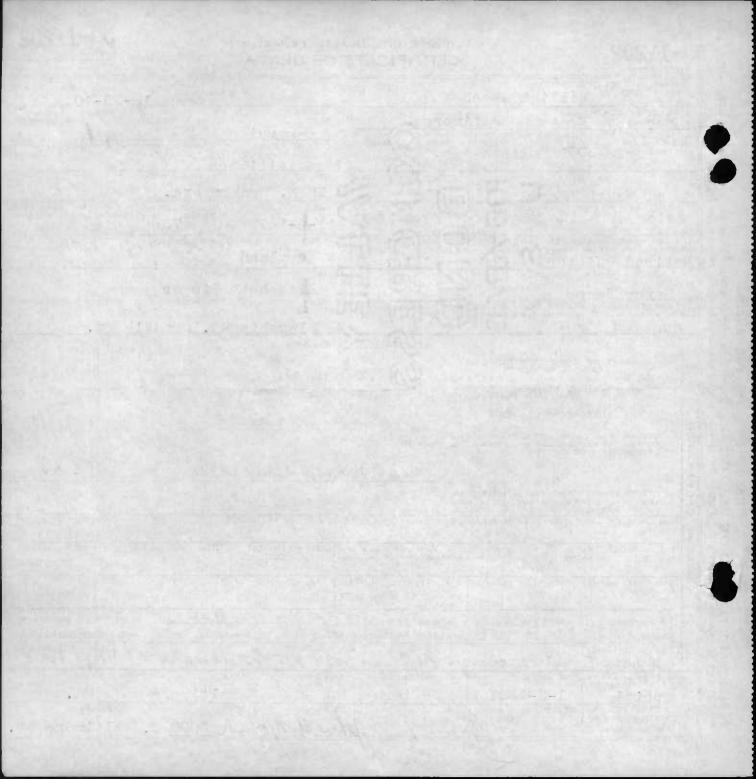
ONSET AND DEATH

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20. AUTOPSY?

23c, DATE SIGNED

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT

50-11203

If Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

thereon and from

before admission)

township)

Registered No

DEATH December 20.

1703 N. Monroe

23c. DATE SIGNED

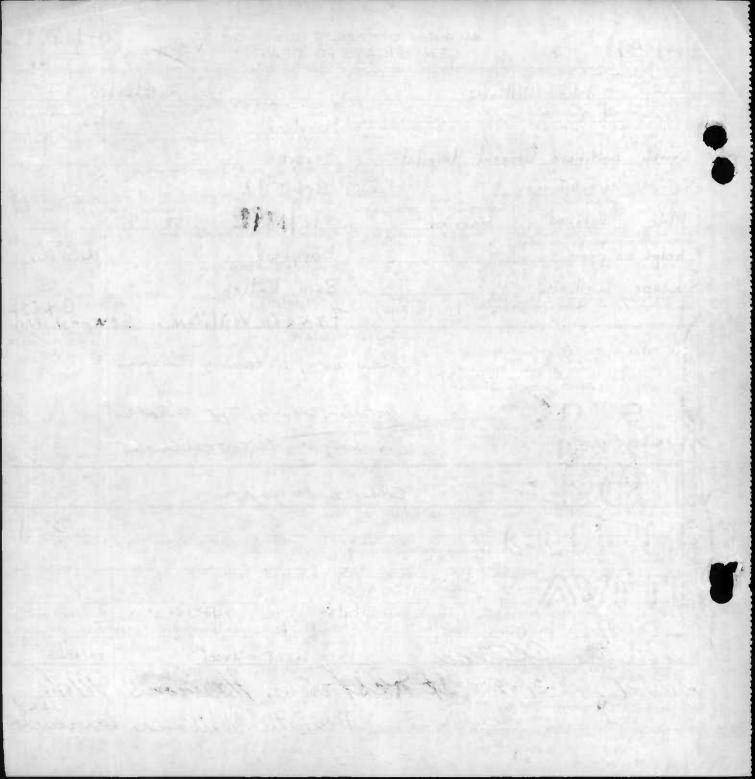
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BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	NO
1. NAME OF DECEASED (Type or Print)			2. DATE OF	1
3. PLACE OF DEATH:	\$		(Where deceased lived, If	
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or insti	itution, give street address or	1. STATE MAY VAND	B. COUNTY	before admiss
HOSPITAL OR INSTITUTION _ I.	location)	C. CITY OR TOWN	(If outside corporate limit	tourne
South Baltimore General	Hospital	Severn		2-0) towns
a Longth of stay in Poltimore	Yrs. Mos.	D. STREET ADDRESS	(11 rural, give location)	
	Days GLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	Under 1 Year If Under 24 I
Male Colored Wie	OWED, DIVORCED (Specify)	5/8/19/1	last birthday) Mo	nths Days Hours M
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR		r foreign country)	12. CITIZEN OF
helps on carn		Maryland		U.Sa.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES	16. SOCIAL	Sara Sulle	r	
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	IT INFORMANT	11:000	DDRESS BOL 5
ANTECEDENT CAUSES OF CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS (IN TRIBUTING TO THE DEATH, BUT NOT REL	THE DUE TO Same	is-screwti He wazer from	is-scluolis	
TO THE DISEASE OR CONDITION CAUSING	G 11.			20. AUTOPSY
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21a. ACCIDENT WAS UNDER- LYING OF CONTRIBUTING about he	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,		(If in Baltimore City, a	give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
m	NOT WHILE			
22. I hereby certify that I attended t	the deceased from 12	21/50 , 19 , to	12/28/50 , 19	_, that I last saw
	and that death occur	rred at 1:30 A. m., from	n the causes and on th	
deceased alive on 12 28 (5019		13a ADDRESS		
deceased alive on 12 de (5019 23A. SIGNATURE	2 - 1	23B. ADDRESS	veet	23C. DATE SIGN
deceased alive on 12 28 (5019	_ 1		veet	12/28/50
deceased alive on 12 26 (5019) 23A. SIGNATURE 24A. BURIAL. CREMA- 24B. DATE 24A. BURIAL (Specify) 24A. DATE 24A. BURIAL (Specify) 24A. DATE 24A. BURIAL (Specify)	24c M. D. 24c M.			or county) (Sta
deceased alive on 12 28 5019 23A. SIGNATURE 24A. BURIAL. CREMA-1 24B. DATE	24c M. D. 24c M.			12/28/50

MARGIN RESERVED FOR BINDING



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED (Type or Print) Henry W. PelczAR 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RERAL and give Union Memorial Hospital INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. endour. Road c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years | if Under | Year | if Under 24 Hours | Months Days | Hours | Min. WIDOWED DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) work done duging most of working life, even if retired) INDUSTRY information s of death cle amaton CHEMIST 448. HEM 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. unkurun 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., arcumia Body o Fanoreus heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) .. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-21c. WHERE DID ā LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from hov. 3, , 1950, to Nec. 29, 1950, that I last saw the deceased alive on Dec. 29, 1950, and that death occurred at 1: 201m., from the causes and on the date stated above. 23A. SIGNATURE PLEASE BURIAL, CREMA-

12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPS (If in Baltimore City, give exact location 23c. DATE SIGNED 24c. MAME OF CEMETERY OR CREMATORY FUNERAL DIRECTOR ADDRESS

50-11205

before admission)

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REGISTRAR'S

TION REMOVAL (Specify)

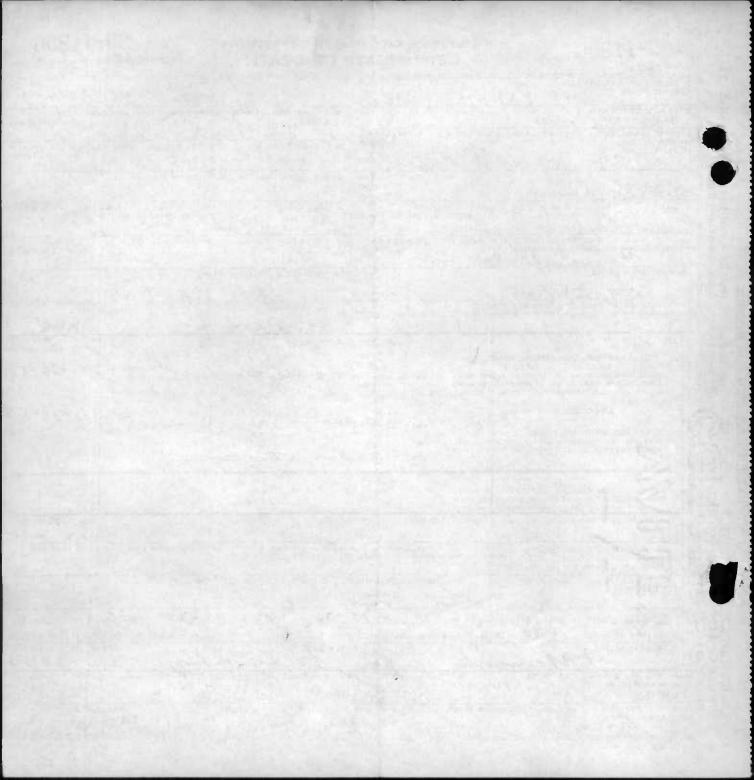
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LOCAL REGISTRAR

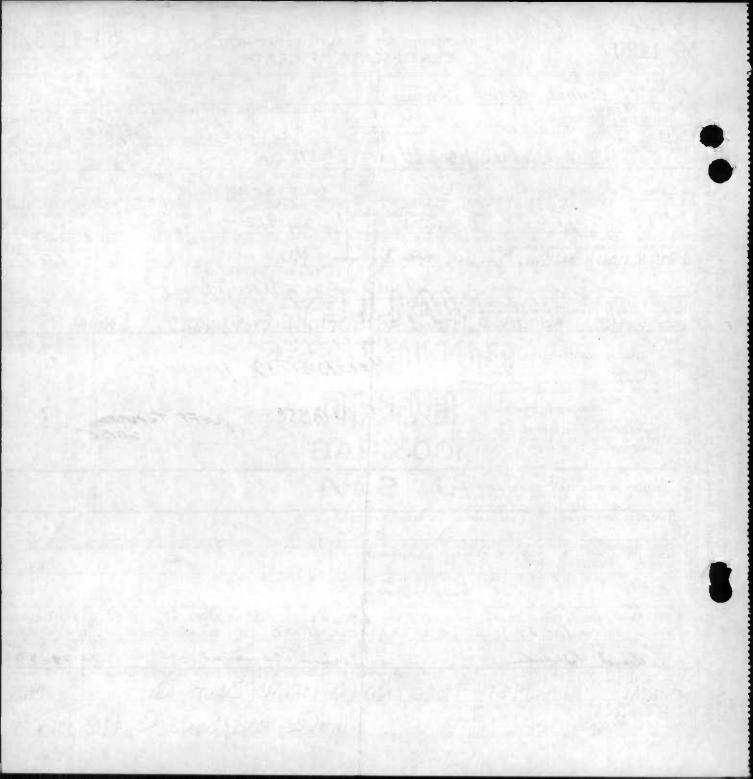
ALESS ALL W YERR

50-11206 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days on should be 5 SEX 6. COLOR DR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours: Min. arried 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s ousewel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SEO. BARTON ARROX 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 17. INFORMANT (Yee, noinr unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN item 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e.g., write heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO c UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI about hame, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from 12 -26 1950 to 12-30 195 Cthat I last saw the PLEASE WRITE correct age is esp deceased alive on 12.30 1950 and that death occurred at 3 m. from the causes and on the date stated above. 23A. SIGNATURE 238. ADDPESS 23c. DATE SIGNED 2-30-50 24A. BURIAL CREMA 24C. NAME OF CEMETERY OR CREMATOR (City, town, or county) TION, REMOVAL (Specify) MURIA DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR Jons Co

VS 150



1	11 1	-15		
1-	-	RAI TIMORE CITY HI	EALTH DEPARTMENT	50-11207
d)	51			gistered No.
The	-	IRTH NO.	E OF BEATH	
	(7	Sype or Print) DONALD HARRY ENSMINGEY	2. DATE OF	12-29-50
pplied.		PLACE OF DEATH:	DEATH 4. USUAL RESIDENCE (Where decease	ed lived. If institution: residence
a	В.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or		Bultimne before admission)
	H	OSPITAL OR INCLUDING MOUNTAIN AND A TO Incation		porate limits, write RURAL and give
	4	Which memining Hospital	Tower	5 2 00 township)
ca	c.	Length of stay in Baltimore LIFE Wrs. Days	o. STREET ADDRESS (If rural, give)	ocation)
be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (
VDING information should be of death clearly and l		11 W Married	June 28, 1922 29	(thday) Months Days Hours Min.
shc	worl	DA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR done during most of working life, even if retired)	1. BIRTHPLACE (State or foreign count	ry) 12. CITIZEN OF WHAT COUNTRY
ion clo	1	RODUCTION CONTROL Secture Company	MD.	U.S.A-
nat	13	LA AAA CA AAAAAA	14. MOTHER'S MAIDEN NAME	
INC forr f de	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Me Grown	
BINDING of inform uses of dea	(Ye	s, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
R BIN	Ar	C O+ +1-010 T NAM TT DIO -14 +0 3	OF DEATH	SAME-
		DISEASE OF CONDITION DIRECTLY		ONSET AND DEATH
E'S H	100	(This does not mean the mode of dying, e.g.,	UNGITIS Umaper	ific ?
RESERVED FINK. Every	ĸ.	heart failure, asthonia, etc. It moans the disease, injury or complication which caused death.) OUE TO		V
<u></u>		ANTECEDENT CAUSES ROAL	A DECE	
RESE INK. please	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	NABSCESS, LEFT 7	EMPORA
	ATION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		60136
MARGIN UNFADING Physicians:	FIC/	(C)		
MARGIN NFADIN hysicians:	RTIF	OTHER SIGNIFICANT CONDITIONS		
MA	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	1	19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
WITH ortant.	CAL			YES NO
Worts	Dig	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		ore City, give exact location)
	Σ	CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
		OF INJURY WHILE AT NOT WHILE		
PL		m. work AT WORK	21 100 1000 20	
E		22. I hereby certify that I attended the deceased from deceased alive on Sec. 29, 1950, and that death occur	rred at 1:15 A.m., from the causes	, 19.50, that I last saw the
RIT is e		23A SIGNATURE	23B. ADDRESS	23c. DATE SIGNED
PLEASE WRITE PI	-	M. O. T BA. BURIAL, CREMA-1 24B, DATE 24C NAME OF CEMETE	him hermial Hoy	P. 12.29-50
t a		A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE DN, REMOVAL (Specify)	AT OR CREMATORY 240. LOCATION (City, town, or county) (State)
EA	7	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	.a. MD.
PI		DEU 30 1830 11 - 4 4 1/11	H 11 = 11/11/21 C = 10	Ca 1905 Vacy Da
- 3 - 3	=	VS 150	11.W. AEDICINA COOKS	-0. + 102 lokk KD
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24 Hours

24 hours

20. AUTOPSY

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expecially the abdomen

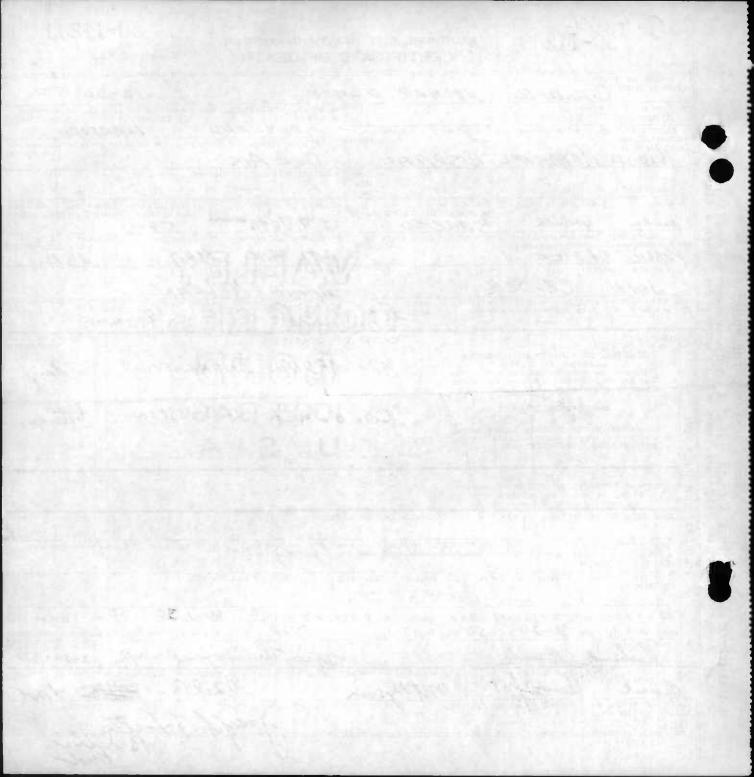
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C-	436,1209
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

V	50-11209
Regist	ered No

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) CALDER, ARCHER ELI	MER 2. DATE OF DEATH /2-30-50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND HARFORD
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
MAYON MEMORIAL HOSPITAL	BEL AIR (township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos.	
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (in years It Under Year It Under 24 Hours
male white MARRIED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year last birthday) 1-4-1996 In this Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work does during most of working life, even if retired) NDUSTRY	BEL AIR MO. WHAT COUNTRY?
2 FATHERIC MANS	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME OFFICIAL STATE	
_ JOHN CALDER	ANNIE HELEAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS
(11 yes, give war or dates of service) SECURITY NO.	WIFE (SAME)
18. 4-20.1 CAUSE (
7	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)	ARDIAL INFARCTION 6 day
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	ONARY OCCLUSION 6 tons
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	O PATICI
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
d UNDERLYING CONDITION EAST.	
E OTHER SIGNIFICANT CONDITIONS	
OTHER SIGNIFICANT CONDITIONS CON-	
O THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY? YES NO W
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in shout home, farm, factory, street, office bidg., et	or 21C. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	INJURY OCCUR?
21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT WHILE	
deceased alive on 1950 and that death occur	red at 5:15 pm., from the causes and on the date stated above.
23A, STGNATURE / 21	a- ADDDESS
Richard Beach M.D.	Mun Werwiel Hap. 230. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	
Burn (Specify) Vary 2/57 mth	B. C.C. (State)
The state of the s	meller me has
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
DEC 31 1950 Parathi afor Helle Asses, St.	resella TITE
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		T- 46	0	BAL	TIMORE CIT	ry he	ALTH DEPART	MENT	
	ВІ	RTH NO. 50	-11210		CERTIFIC	CATE	OF DEAT	Н	Regist
		NAME OF DECEAS	ROSI	E	TAY	40	R		2. DATE OF DEATH
	A. B.	PLACE OF DEATH: Baltimore City, I FULL NAME OF DSPITAL OR	Aaryland Ba	1 to	City ion, give street ad	dress or	4. USUAL RESID A. STATE Marylan	đ	B. COU
		STITUTION	North 1	Mount		Yrs.	Baltimore	Ma	outside corpors
d legi		Length of stay in			E, MARRIED,	Mos. Days		th Mou	ent Str
early and l	10	emale Co	ION (Givekind of	Wido	OF BUSINESS	OR	6/6/88 11. BIRTHPLACE	State or for	last birthd 62 eign country)
death clearly	Ţ	done during most of workin LOUSEWIFE FATHER'S NAME	glife, even if retired)	At H	ome	USTRY	Prince Go	BOTER NA	
of death cl	15	Unkowi . was deceased ever	R IN U. S. ARMED	FORCES?	16. SOCIAL		Rosie	Car	gil
causes o	(You	, no or unknown) (If y	es, give war or dates	of service)	SECURITY	NO.	Melvina T	aylor	930 N
Physicians: please write th	ERTIFICATION	(This does not meant failure, astiniury or compl ANTE DISEASES OR CRISE TO THE ABUNDERLYING COTHER SIGNIF	ienia, etc. It mean ication which ca CEDENT CAUSE CONDITIONS, IF DVE CAUSE (A) CONDITION LAS	s the diseasused death ES ANY, GIVII STATING TI	(B) C (B) C (C)	ER	FBRAL PER	HE	MORRI
rtant. Ph	AL C	TO THE DISEASE	OR CONDITION	CAUSING		OPER	ATION	•	
orta	MEDIC	21A. ACCIDENT, S HOMICIDE (Spe	cify)	about home,	ACE OF INJURY farm, factory, street, of	fice bldg.,e	tc.) INJURY OCCL	JR?	in Baltimore
la l		21D. TIME (Month OF INJURY		m.	WORK A	T WHILE			
especi		22. I hereby cert deceased alive or 23A. SIGNATURE	ify that I atte	nded the 1950.	deceased from and that death	h occur	red at / F. m.	o, to on th	e causes an
age is esp	24	EWA	llear 248, DATE	n 7		. D.	38. ADDRESS 1928 PE RY OR CREMATORY		CATION (Cit
correct age		A. BURIAL. CREMA N. REMOVAL (Specify) Burial	I-I-I95	ī	Brackfo		Cem.	Blac	kford
corr		CAL REGISTRAR	REGISTRAR'S	SIGNATU	JRE / Yellen and /	7	ELIVERAL DIF	NILS	m 101

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50-11210

INTERVAL BETWEEN ONSET AND DEATH

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lived, If institution: residence NTY before admission)

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eet

ears If Under | Year | If Under 24 Hours | Months Days | Hours | Min.

12. CITIZEN OF WHAT COUNTRY?

U.S.A

ADDRESS

Mount St

4AGE 16 DAYS

20. AUTOPSY? YES

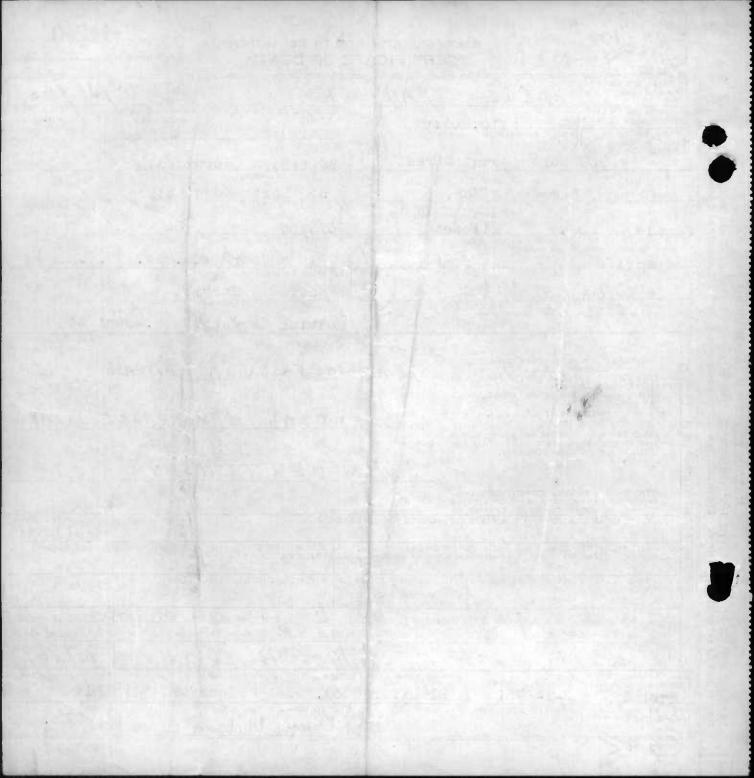
City, give exact location)

, 195 Ahat I last saw the d on the date stated above.

23c. DATE SIGNED 121

y, town, or county)

Virginia



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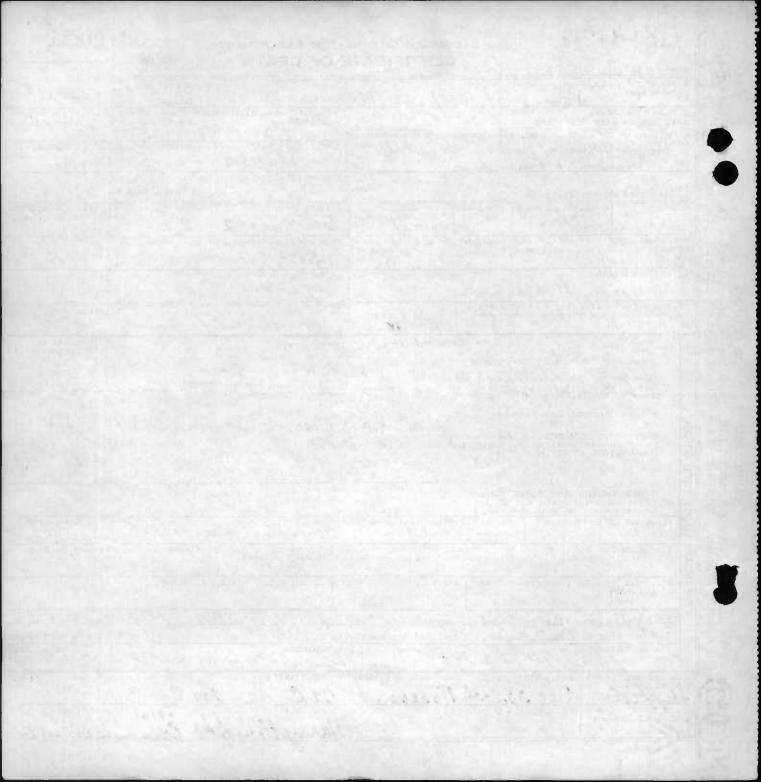
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	TOTAL NO.		54	CERTIF	ICAT	E OF DEATH	-1	Regist	ered No.		
1.	NAME OF DECEA	SED						2. DATE			
(2	Type or Print)	James	Fle	tcher	190	binson		OF DEATH	12-	30	-5-0
	PLACE OF DEATH Baltimore City,	:				4. USUAL RESIDE	1	B. COUN	ived, If inst		residence re admission)
	FULL NAME OF						ylan				
IN	OSPITAL OR Ch ISTITUTION Ch	-	ome +	Hospita	Joeation)	C. CITY OR TOWN	(lf	outside corpora	te limits, w	rite RUI	RAL and give township)
-	1512230	y Fac	more	-	Yrs.	D. STREET ADDRE			ion)	45	
c.	Length of stay is	n Baltimore			Mos. Days	114 =	0	Broade			
	M	W PLOR OR RAC	WIDOV	E. MARRIED. NED, DIVORCE		Dec 4 19		9. AGE (In ye	ars H Under	er 1 Year ns Days	Hours Min.
10	A. USUAL OCCUPA L done during most of worki	TION (Give kind	of 10B. KIN	D OF BUSINES	S OR	11. BIRTHPLACE (S	tate or for	reign country)	12	CITIZE	EN OF
/	Mill Worke	-	47	- "	EDOSIKI	North Ca	roliz	iq		"D3"	COUNTRY
13	B. FATHER'S NAME	0.		STEEL		14. MOTHER'S MAI	-	7 /			
	W11/1am	1(0h17	150m			genev	a /	Kich.			
15 (Ye	S. WAS DETEASED EVE	R IN U.S. ARM	ED FORCES?	16. SOCIAL SECURI	TY NO	17. INFORMANT				RESS	
	No			2 75-011	10		peta	1 Rec	~		
	18. 584X			245-01-16	AUSE	OF DEATH					AL BETWEEN
	DISEASE OF	CONDITION	DIRECTLY				71			ONSET	AND DEATH
	(This does not	DING TO DE	e of dying, e.	g., (A)	10	aralytic	1/2	US		2	7
	heart failure, ast injury or comp	thenia, etc. It m lication which	caused deat	se, h.) DUE TO							
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Z				(B)	(al	culus of	Com	mon	3,14	2	7
FICATION	DISEASES OR	BOVE CAUSE (A) STATING T		Ī)uct					
S	UNDERLYING	CONDITION	LAST.		15.0						
E		11		(C)							
ERT	OTHER SIGNI	FICANT CON									
CE	TRIBUTING TO					•••••••••••••••••••••••••••••••••••••••					
AL.	194. DATE OF OP	ERATION /		duct 16		Dehiscene	y U-	12-17-0	, ~	20. A	UTOPSY?
EDIC	21A. ACCIDENT, S HOMICIDE (Sp	SUICIDE, ecify)	21B. PL about home,	ACE OF INJUR	RY (e.g., i , office bldg., e	o or 21c. WHERE DI	ID (II	f in Baltimore	City, give	exact l	ocation)
Σ	21D. TIME (Month	h) (Day) (Yea	r) (Hour)	21E. INJURY	OCCURR	ED 21F. HOW DID	INJURY	OCCUR?			
	OF INJURY		m.	WHILE AT WORK	NOT WHILE						
	22. I hereby cer	tifu that I a				7 1913	to A	er)s	1957	hat 1 le	not sam the
	deceased alive o					red at 315 m.		ie causes and			
	23A. SIGNATURE		one ?	40		BADDRESS Hor	20 × 1	Forfula			TE SIGNED
2	4A. BURIAL CREMA	- 248. DATE		24c. NAME OF	10	RY OR CREMATORY	24D. LC	CATION (City	, town, or	county)	(State)
TI	hipped	Dec	30.1950	Rosel	0-10	M.C.	7	22 C.			
	ATE RECEIVED BY		R'S SIGNAT	URE		25. FUNERAL DIRE	ECTOR ,	1 4/1	1/ AI	DDRESS	3
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	K-5,219212 BALTIMORE CITY HE	x 50-11212
	BIRTH NO. CERTIFICATE	E OF DEATH
	1. NAME_OF_DECEASED	2. DATE
	(Type or Print) Sister Mary Patrick Keane	OF DEC. 30, 1950
	A. Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or	washington, D.C.
4	HOSPITAL OR location	C. CITY OR TOWN (if outside corporate limits, write RURAL and give
	The Seton Institute	Washington, I.C. V.48 township)
	Yrs.	D. STREET ADDRESS (If rural, give location)
)	c. Length of stay in Baltimore 1 yr 6 mo 24da. Days	1419 V St. Washington, D.C.
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	B. DATE OF BIRTH 9. AGE (In years Il Under 14 Hours
	F white Single	UNKNOWN S.5 Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	work done during most of working life, even if retired) Cottoolic Sister	The land WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	unknown	Motildo?
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	The Seton Institute
		INTERVAL RETURN
-	18. 4.20 1 1 CAUSE	OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cumoria - 10 das
	(This does not mean the mode of dying, e.g., (A)	10 noigs
	injury or complication which caused death.) DUE TO	This a person
	ANTECEDENT CAUSES	en referma
	Z (B) (C) / K	my vourin
	D DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	util arteriorlarmo year
	4 UNDERLYING CONDITION LAST.	1 . 1
	10 Kyz	was general 24000
	OTHER SIGNIFICANT CONDITIONS CON-	
•	TRIBUTING TO THE DEATH, BUT NOT RELATED	100cleron -

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

_	-	1/-	
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		-	

19A. DATE OF OPERATION 198. MAJOR FINDINGS

	20.	AUT	OPSY	7
	YES		No	1
210	ownet	loca	tion)	-

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City,

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

AT WORK

22. I hereby certify that I attended the deceased from. deceased alive on 12. 29 23A. SIGNATURE

and that death occurred at 850, 1949, 238. ADDRESS

A.m., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL. CREMA-Burial

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

VS 150

week tolotta wanter to Later Manual Strategies (1995) The Ston Latitote 208381 Watellen S 11/1/2012/03 THE THE L MOTE AND Wind affective Deed American Was Tivilock Bry with the said the state of the s

50-11213

Registered No.

12-30-6 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence

(If outside corporate limits, write RURAL and give

(If rural, give location)

asserm 9. AGE (in years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min.

12. CITIZEN OF

ONSET AND DEATH

20. AUTOPSY (If in Baltimore City, give exact location)

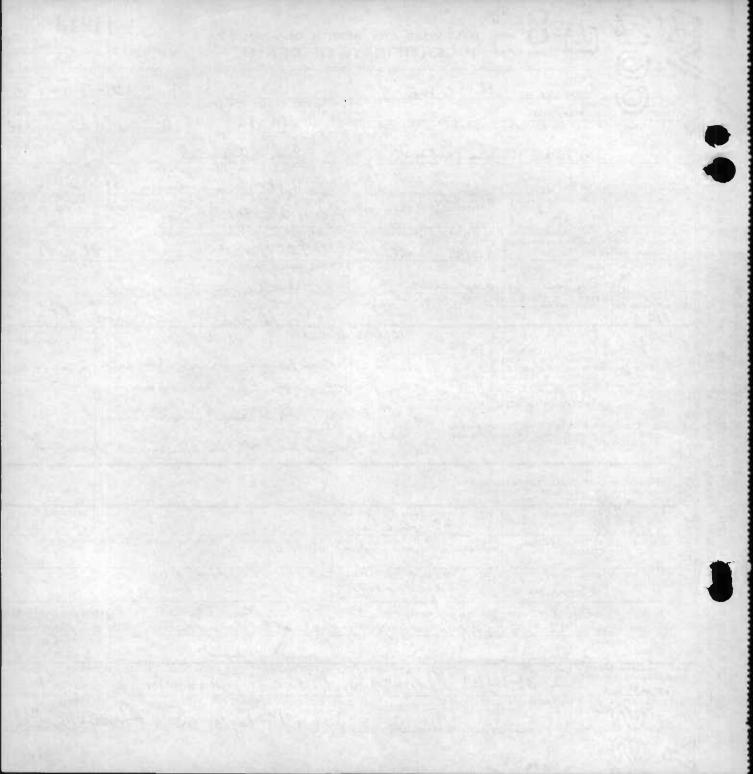
19 50to 12 - 30, 19 50 that I last saw the deceased alive on 12 - 30, 19 50 and that death occurred at 6:35 Pm., from the causes and on the date stated above.

23c. DATE SIGNED 12.30.50

24D. LOCATION (City, town, or county)

ADDRESS

VS 150 1331

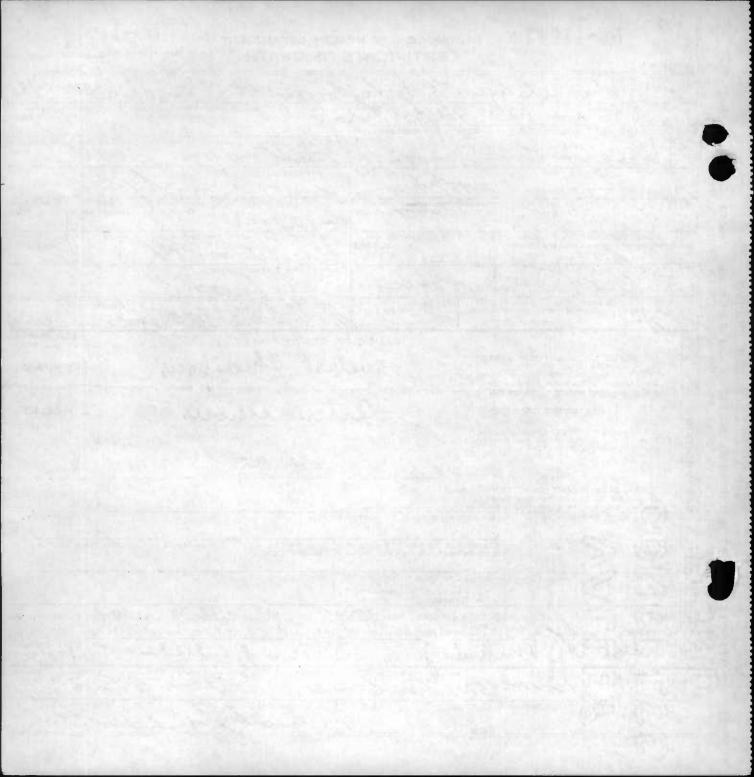


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	OU TIME

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11214 egistered No.

B	CERTIFICATE OF DEATH Registered	No
	NAME OF DECEASED Type or Print) annie & ligabeth Northe Wright. 2. DATE OF DEATH NO	30-1950
A	. PLACE OF DEATH: . Baltimore City, Maryland 3 3 20 Helbru A. STATE ESIDENCE (Where deceased lived, In B. COUNTY)	f institution; residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR C. CITYOR TOWN (If outside corporate limit structure) Saltimore	ts, write RURAL and give township)
c	Length of stay in Baltimore 24/hs. Mos. Days 2041 Lennedy	QUE
5	SEX 6. COLOR OR RACE 7. SHARE TO SPECIFY (Specify) (Spec	if Under 1 Year onths Days Hours Min.
16 WOI	OA. USUAL OCCUPATION (Givekind of rk done during most of yorking life, even if retired) The done during most of yorking life, even if retired) The done during most of yorking life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
1.	Sichard Wooten Noyle Unknown	
	5 WAS DECEASED SUSPIN IL S ADMED PODGES 6 ACCIA:	DDRESS 20 St 1 Kennedy
	18. 332 X 1 CAUSE OF DEATH	INTERVAL DEATH
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	24 hours
-	ANTECEDENT CAUSES arteriorelliosis	2 years.
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING FISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
ERTIFICA	oct oce	
CERT		
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
EDIC		give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WARK MORK AT WARK	
	22. I hereby certify that I attended the deceased from Jou , 1935, to Dec 30 , 195	O, that I last saw the
	deceased alive on Charles and that death occurred at 3 pm., from the causes and on a	the date stated above.
	2706 thank for M.D. 2706 thank in	12/30/50
1	Build Jan 1-1951 Stone to hapel Tibloville	Solto Co-Md
I.	OCAL REGISTRAR REGISTRAR'S SIGNATURE	4 Harlin
=	TIESC 120 1950 - MARIO POR THE RELLATION	



4-	6	2	0
1	50-	112	215
BIRTH NO.			100
1. NAME O	F DECI	EASED	1

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11215 Registered No.___

	Terre ito.						
1. (T	NAME OF DI ype or Print)		COB	HAR	R15	2. DATE OF DEATH	-30-50
	PLACE OF DE Baltimore C				4. USUAL RESIDENCE	E (Where deceased lived, I	f institution: residence before admission)
	FULL NAME	OF (If not in hospi	tal or institutio	n, give street address o	r /na		
	STITUTION	3-m M	11	location	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
A		10/10/	You	and XH	- Baltin	11482	// township)
4		10160		Yrs.	D. STREET ADDRESS	(If/rural, give location)	1 Val
				70 Mos.	D. STREET ADDRESS	(Il rural, give location)	1 104
_		ay in Baltimore		Days	10/0 110 V	Toward	2.4
5.	SEX	6. COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
1	rale	White		D, DIVORCED (Specify	"	last birthday) N	Ionths Days Hours Min.
10	A LISUAL OCC	UPATION (Give kindo		OF BUSINESS OR	11 BIRTIN ACE (State	1 / 2	
royl	done during most o	working lifereven if retired	JOS. KIND	INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	vien	aul	smull.	ues	Ille	mas .	
13	. FATHER'S N	AME	1		14. MOTHER'S MAIDE	N NAME	
1	INT 10	nown	10		work sou	sever)	
15	WAS DECENSE				101-100		
Ye	, no or unknowo)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	//	ADDRESS 1000
		EN 24 L		SECONTI NO.	VZUON KOU H	175×10, 175×7	and the land.
	18. 1/ 0/	1		CALICE	Book Sugar	0000001011	INTERVAL BETWEEN
	4 20	111		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY		10	11 . 4 1	2 60.1-
	(This does	LEADING TO DEA	of dying, e.g.,	(A)	Coronary /	year diara	se 2 pars
	heart failur	e, asthenia, etc. it men	ans the disease.			***************************************	
	injury or	complication which	caused death.)	DUE TO			
		ANTECEDENT CAU	SES		7.00		1 - 2 - 3
Z				(B)		A A Library	
ATION	DISEASES	OR CONDITIONS,	F ANY, GIVING				
<u> </u>	UNDERLY	ING CONDITION L	AST.	DUE TO			1 136774351111
ο l				(C)			
RTIFIC							
E	OTHER SI	II GNIFICANT COND	ITIONS CON-				
ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATED				
U		SEASE OR CONDITION					
_	19A. DATE O	F OPERATION	19B. MAJOR F	FINDINGS OF OPE	RATION		20. AUTOPSY?
<							YES NO
DICAL		ENT WAS UNDER-	218. PLAC	E OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore City,	give exact location)
Ш	LYING OR	CONTRIBUTING	about home, far	m, factory, street, office bldg.	,etc.) INJURY OCCUR?		
Σ							
	OF INJURY	Month) (Day) (Year) (Hour) 21	IE. INJURY OCCURE	RED 21F. HOW DID IN.	JURY OCCUR?	
				NORK NOT WHILE			
				-	se 19 1050 1	A 30 5	
	22. I hereby	certify that I at	tended the d	eceased from	1705 d, to	Nuc. 30, 19	o, that I last saw the
	deceased al	ive on BLC 30	195° ar	nd that death occu	rred at Z= /m., fro	om the causes and on	the date stated above.
	23 SIGNAT	URE 7	h	A	23F ADDRESS /	. 1 P.	2 ac. DATE SIGNED
	The an	wel her	12, 4	-A3	4818 Preste	saloun d	Nu 30/50
24	A BURIAL C	REMA- 248 DATE	124	C. NAME OF CEMET	ERY OR CREMATORY 24	D. LOCATION (City, tow.	n, or county) (State)
TIC	A BURIAL C	ecify)	-	1 1	- 0 -	12 01	710
1	www	1/1-21-	40	/orea	are	poculo	nex
	TE RECEIVED		'S SIGNATUR	E	1/25. FUNERAL DIRECT	OF	ADDRESS A
LC	CAL REGIST		- f- W	Manus, M	topy /	The Sinn L	TOTAL PO
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	1-VS 150 "		BG .	//			

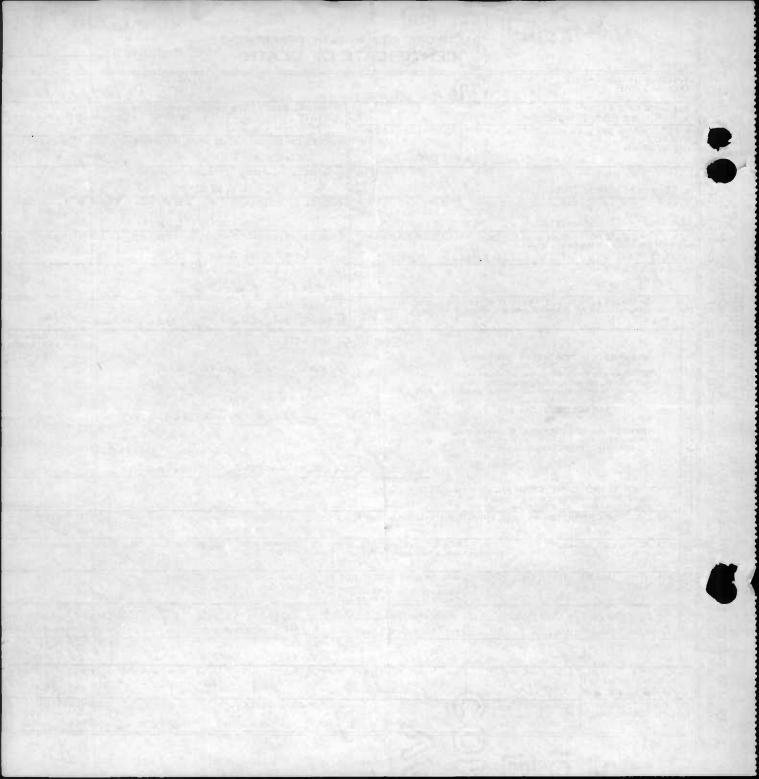
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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BI	RTH NO.			CERTIFICAT	E OF DEATH	registered 1	10,
1. (T	NAME OF D	HU9	0 1	SRAELSKI		2. DATE OF DEATH 12/	29/1950
	PLACE OF D Baltimore	EATH: City, Maryland		OF CHARLES	4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution: residence before ndmission)
B.	FULL NAME		al or institut	ion, give street address or location)		f outside cornorate limit	s, write RURAL and give
	STITUTION	Singi	He	SPT	Balto	outside corporate ning	township)
				Yrs.		rural, give location)	
1		tay in Baltimore	3	/ν Mos. Days	-,	ESST M9N	1 Under 1 Year If Under 24 Hours
	19LE	6. COLOR OR RACE	WIDOW	E, MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	onths Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	RETIR	(14.	INTERI	7	(OFRMan		
13	FATHER'S	NAME DR9G			NOT KNOW		
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	I 16. SOCIAL	NOT KNOE		DDRESS
(Yes	n, no or unknown) N O	(If yes, give war or date	s of service)	SECURITY NO.	Edon MEKHEK		0
	18. 42	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Con	mary Throma	ania	nor-20-
	heart fail	s not mean the mode are, asthenia, etc. It me complication which	ans the diseas	g., (A)			
	mjury or	ANTECEDENT CAU		21		1	16 10
Z	DISEASES OR CONDITIONS, IF ANY, GIVING (B) (B)						
ATIO	RISE TO	THE ABOVE CAUSE (A)	STATING TI	HE DUE TO	V	Cardia Vancu	da
IC/				A.	terroschotie	Cardio Vanca	/. ~~
RTIFI	OTHER	II SIGNIFICANT COND	ITIONS CO	(6)			
CEI	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	ŁD .		•••••	
۲	19A. DATE	OF OPERATION 2	198. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL		ENT, SUICIDE.		ACE OF INJURY (e.g.,		(If in Baltimore City,	
MED	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
1	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR		Y OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK		12 26	P. A.
	22. I hereb	y certify that I at	tended the		Nov. 30, 1950, to_ rred at [1] m., from		
	23A. SIGNA		_, 19_0_0		23B. ADDRESS	the causes and on t	23C DATE SIGNED
		Claner 1	S. Sei	ngall R.o		spelle	1 1 1 1 1
TI	4A. BURIAL, ON REMOVAL (I	Specify 12/3/	150	Predu	ERY OR CREMATORY 24D.	Bala City, town	, or county) (State)
	ATE RECEIVE	TRAR	1		Jail Seins In	c - 2100 d	address Ph
135	(Vs 150	50	W.		1		905
Ile				5146	G		129



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-	Oly Button

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-1121	7
Registered No	

	1. (T	NAME OF DECEASED REBECCA CE	OHEN 2. DATE OF DEATH /2-	30-50
	A.	baltimore City, Maryland / C Company	4. USUAL RESIDENCE Where deceased lived. If is	nstitution: residence before admission)
ı	H	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give
	IN	Lemblatt Home	Valtemore 2	township)
		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	1000
		Length of stay in Baltimore		acc
	7	SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) fill last birthday) Mon	Under 1 Year If Under 24 Hours the Days Hours Min.
	WOL	USUAL OCCUPATION (Givekind of designation of designation of more designation of d	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	1	lot Mudeon	not known	
	15 (Yes	WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	DRESS
	_	4	March Hermin -1118 Chal	grove we
		18. 154% CAUSE C	OF DEATH	ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	nohopreummen	Team
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.		
		injury or complication which caused death.) DUE TO		
		ANTECEDENT CAUSES Cancer of the volum		
	TION	DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
	FIC/	(C)		
	RTIF	11 0	4	
	Ш	OTHER SIGNIFICANT CONDITIONS CON-	magae	5/12
	U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
	AL	July 1948	ATTON C	YES NO
	DICA	214 ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, gi	ve exact location)
	Щ	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et CAUSE OF DEATH	te.) INJURY OCCUR?	
	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	21F. HOW DID INJURY OCCUR?	
		WHILE AT NOT WHILE		
			ne 1948 19 , to Dec. 30 , 1950	that I last says the
		deceased alive on 10. 30, 1950, and that death occurr	1 82, 11	
		23A SIGNATURE A 7	3B. ADDRESS A 16 W	239 DATE SIGNED
		Gores K. Marce M. B	4335 Park 1/april an	Dec. 31, 1950
	24 TIG	A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION City, town,	or county) (State)
	L	urual 12-36- NO 16 sedu	le lo letto	Ma
	LC	TE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR	26. FUNERAL DIRECTOR	ADDRESS (h)
		CC 21 1950 Thursio, to Miliames, 42 /	reck pewer fixe 2100 6	Maw /X
	1	VS 150		465
-		1/		- 1 11 11

Market Heights
1335 foblights

V S 151

A 50-11218	BALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH Registered No.		
1. NAME OF DECEASED (Type or Print)	BERT R. AN	DERSON 2. DATE OF DEATH DEATH	28, 1958	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence before admission	
HOSPITAL OR 10STITUTION 768 Bartle	location)	c. CITY OR TOWN (If outside corporate limits, Baltimore	write RURAL and give	
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 768 Bartlett Avenue		
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	March 12th., 1901 9. Age (in years Wond	nder 1 Year ths Days Hours Min.	
10a. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Delivery mann	108. KIND OF BUSINESS OR INDUSTRY Department Store	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	2. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME Anders	son	14. MOTHER'S MAIDEN NAME Annie Fisher		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO. 215-01-6876	17. INFORMANT ADI Mrs.Elizabeth J.Anderson-768	DRESS Bertlett Aver	
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mean in jury or complication which of the complex of th	DIRECTLY TH of dying, e. g., ns the disease, eaused death.) DUE TO SES (B) (B) (C) TIONS CON- NOT RELATED	of DEATH eriosclastic Cardis- ascular disease.	INTERVAL BETWEEN ONSET AND DEATH	
U 19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?	
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING UTING CAUSE OF DEATH.	21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY OCCUR?		
the evidence obtained by	said Autopsy, Inspection or I resulted from: natural eauses	bove, held an Autobsy, Inspection or Ibquiry nquiry, find that said deceased died on the accident , suicide , homicide , und 238. CHIEF MEDICAL EXAMINER	determined [].	
24A. BURIAL CREMA- 24B. DATE TION, REMOVAL (Specify) Jan. 2nd.	24c. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or		
DATE RECEIVED BY LOCAL REGISTRAR LIFE 3 1 1950 V S 151	S SIGNATURE / CANADAMA	George J. Ruth, Inc1735 Harr	Cord Avenue	

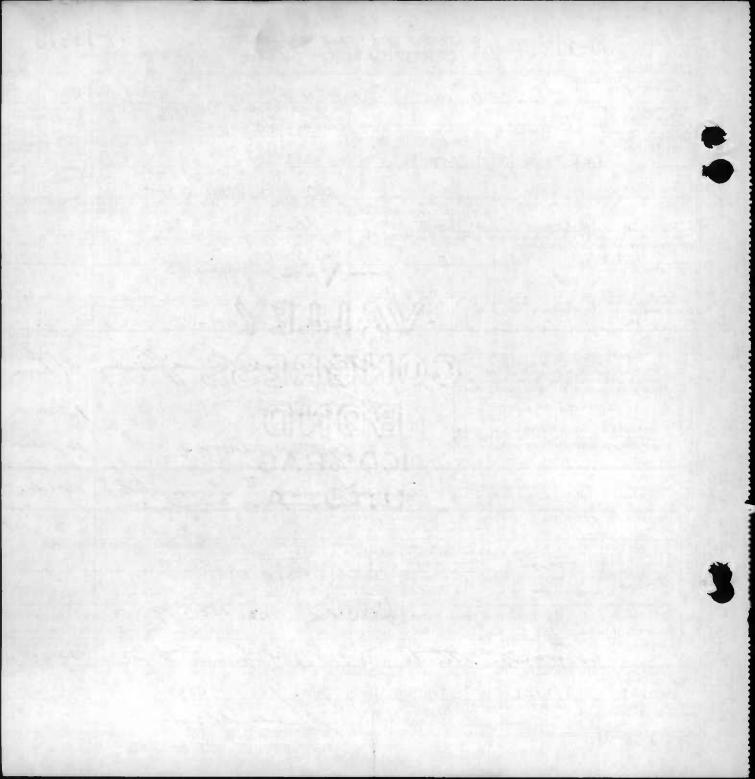
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On-TTV18 CE	ORE CITY HEALT		Registered	0-11219 No
BIRTH NO. 1. NAME OF DECEASED (Type or Print)	- Tui-	T 11	2. DATE OF DEATH 12/	29/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4.1	JSUAL RESIDENCE (W	DEATH	
B. FULL NAME OF (If not in hospital or institution, g	ive street address or M	aryland		its, write RURAL and give
521 East 22nd Str		Baltimore	9-	township)
c. Length of stay in Baltimore	Mos.	TREET ADDRESS (If r		
	DIVORCED (Specify)	ATE OF BIRTH	9. AGE (in years)	if Under 1 Year If Under 24 Hours fonths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR 11. I	BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		MOTHER'S MAIDEN NA		
15 WAS PROPAGED SUSP		(?)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service)	SECURITY NO.	INFORMANT 'S. R. Albert		ADDRESS
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (A) (B) (B) (B) (C)			ż	1 fran
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, 'AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, 'AUTOPSY? YES NO 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR F			YES NO	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH		21c. WHERE DID (If	in Baltimore City	give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE				
22. I hereby certify that I attended the deceased from 20. 22, 1900, to 20. 1950, that I last saw the deceased alive on, 19, and that death occurred at, from the causes and on the date stated above.				
23A. SIGNATURE		DDRESS - 3880	and ac	23c. DATE SIGNED
TION, REMOVAL (Specify)	NAME OF CEMETERY OF		CATION (City, tow	n, or county (State)
Burial 1/2/51 I DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR		FUNERAL DIRECTOR	City	ADDRESS
JEC 151950		TEDEFELD & STREENMOUNT AV	ON 22ND	020

GREENMOUNT AVE & 22ND

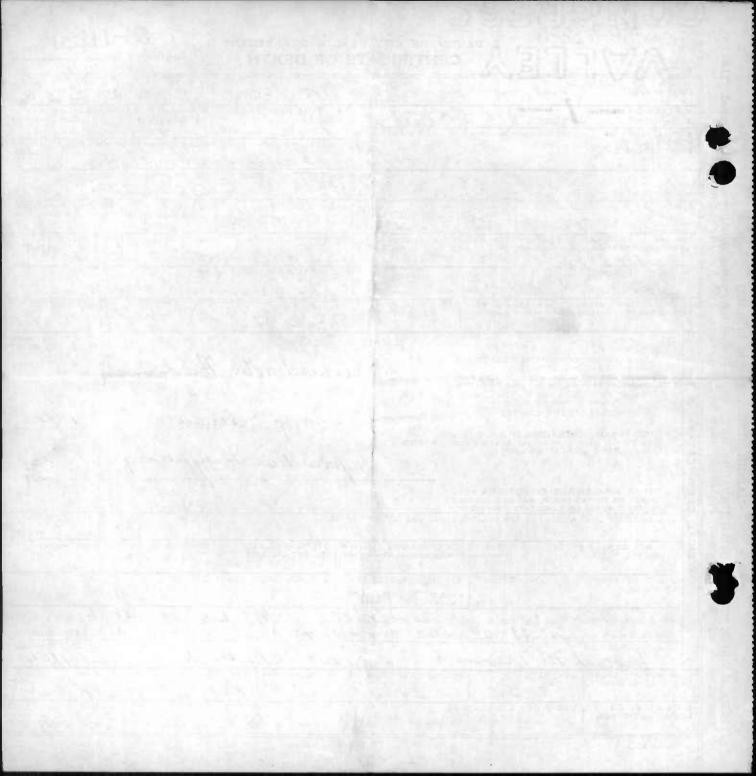


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-11220	
stered No	

BIRTH NO.	OF DEATH Registered No.
1. NAME OF DECEASED STEPHEN B. I	A VERN 2. DATE OF DEATH 12/29 50
	USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Dalfimare My.
HOSPITAL OR location) C. (CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. D. S	STREET ADDRESS (If rural, give location)
Mos. /	818 D. Charles St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. E	DATE OF BIRTH 9. AGE Un years If Under 1 Year If Under 24 Hours
m. M. WIBOWED, DIVORCED (Specify)	18 1886 last wirthday Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Conductor At V.	Dallimore ast.
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17	loss hory
(Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	INFORMANT & ADDRESS
	INTERVAL BETWEEN
18. 42011 CAUSE OF	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rivs clerotic Heart Disease
heart failure, asthenia, etc. It means the disease,	
Z ANTECEDENT CAUSES	nary Sclerosis 14
DISEASES OF CONDITIONS IS ANY CIVING	
UNDERLYING CONDITION LAST.	carchal Insufficiency
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
	YES NO P
21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location)
218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	INSURT OCCUR?
OF INJURY	21F. HOW DID INJURY OCCUR?
m, WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from LOCC	, 1949, to Dec 29, 1950, that I last saw the
deceased alive on LOEC 27, 1950, and that death occurred	at 4.45 Am., from the causes and on the date stated above.
23A. SIGNATURE 23B. A. Lincent M. Messina M.D. 140	DORESS Charles St 12/29/50
24a. BURIAL, CREMA- FION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OF	
Purial 1/2/3/ Carrieda	al bed Tulerick
DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25.	FUNERAL DIRECTOR ADDRESS Jakes Bana 1318 Light
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MARGIN RESERVED FOR BINDING

	B-240 50-11221 BALTIMORE CITY HI	EALTH DEPARTMENT E OF DEATH	50-11221 Registered No.
	RTH NO.		
	NAME OF DECEASED Sype or Print) DANIEL E. BUCKLEY		of December 29, 1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Who	ere deceased lived. If institution : residence B. COUNTY before admission
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		tside corporate limits, write RURAL and give
IN	Lord Baltimore Hotel	Oteen n.C.	township
	Yrs. Mos.	D. STREET ADDRESS (If Fu	ral, rive location
	Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE MARRIED.		AGE (In years If Under I Year If Under 24 How
	white WIDONED, DIVORCED (Specify)	Huknown 1890	last birthday) Months Days Hours Mir
	A. USUAL OCCUPATION (Givekindof 10B RIND of BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or fore	ign country) 12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME	14. MOTHER'S MAJDEN NAM	THE THE
	Muknown	Unknow	u
15 (Yes	was DECEASED EVER IN U. S. ARMED FORCES? a, negor unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs Mildred	Pmitchell Kevin
Z	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	OF DEATH ardial insufficienc ceriosclerotic card catic hypertrophy	
TIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
2	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
CE	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		in Baltimore City, glvc exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE TWORK T WORK	ED 21F. HOW DID INJURY	DCCUR?
	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes	Autopsy, Ind Inquiry, find that said deed	spection or Inquiry cased died on the day stated abov], homicide \square , undetermined \square .
	Musel & Fisher M	.D. MEDICAL INVESTIGATOR	AMINER Dec. 29, 1950
	Burial (Specify) 1/2/61 hew Cathed	al Gem. 430	of Old Bredrick
LC	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	wan 2 Sou To Mi
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V S 151 59591 FUNERAL DIRECTOR

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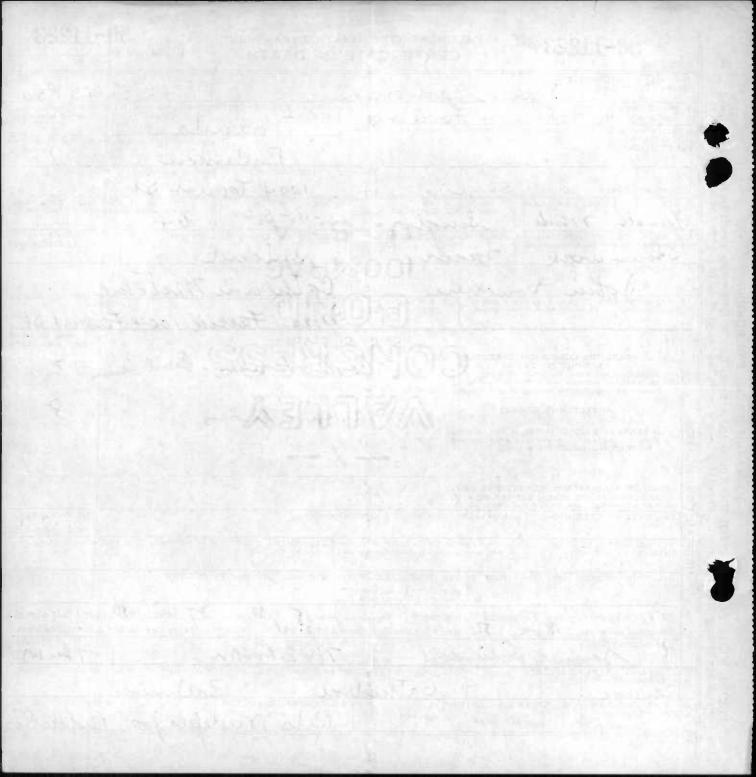
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50-11223	BALTIMORE CITY HEALTH DEPARTMENT
JULITESO	CERTIFICATE OF DEATH

50-	1	12	23
gistered No			

1312

	BI	RTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
	1.	NAME OF DECEASED Pe or Print)	Danden	0	2. DATE OF DEATH DLC	291950
	Α.	PLACE OF DEATH: Baltimore City, Maryland 1004	Forest St	A. STATE	Where deceased lived, If ins	stitution: residence before admission
	HO	FULL NAME OF (If not in hospital or instit SPITAL OR STITUTION	ution, give street address or location)		If outside corporate limits, w	write RURAL and giv
	-	Length of stay in Baltimore 50 4	Yrs. Mos. Davs	D. STREET ADDRESS ()	000	
		SEX 6. COLOR OR RACE 7. SING	LE. MARRIED, WED, DIVORCED (Specify	8. DATE OF BIRTH		der I Year H Under 24 Hours Days Hours Min
0		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		CITIZEN OF WHAT COUNTRY
	13	FATHER'S NAME	ain	14. MOTHER'S MAIDEN I	NAME TO 1 - 0	0
	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	13 INFORMANT L	ADD ADD	ORESS / C/-
	T	18. 1/1/24	CAUSE	OF DEATH	Ull. 1004 +0	INTERVAL BETWEE
		DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, the disease failure, asthenia, etc. It means the disease failure, asthenia, etc. It means the disease failure.	Y e. g., (A)	0 . 10	1 - Peval Dises	ONSET AND DEAT
		injury or complication which caused des	ath.) DUE TO	he		3
Darama Language	CATION	DISEASES OR CONDITIONS, IF ANY, GIR RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
	TIFIC,	n i	(C)			
	CERT	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	ATED			
	AL	19A. DATE OF OPERATION (19B. MAJO	R FINDINGS OF OPE	RATION		YES NO
20.20	EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. P about born	LACE OF INJURY (e. g., e, farm, factory, street, office bldg.,	in or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City, give	e exact location)
	×	21D.TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
a book		22. I hereby certify that I attended th	ne deceased from	rred at 2:30 m., from		that I last saw the
20 12		23A. SIGNATORE Like	ofeld M.D.	714 E. Prom	n 86.	23c. DATE SIGNED
or ag	710	N. REMOVAL (Specify)	24c. NAME OF CEMETI	ERY OR CREMATORY 24D.	LOCATION (City, town, or	county) (State)
2110		ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR	Jarumott	DDRESS
)		EG # 11000 Saustin aver	Williams, M.	Rua Mie	defeld 9006 1	Buddle St

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K-	600	
BIRTH NO	5.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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0.	31. M. M. M.	
Registered	No	

В	IRTH NO. CERTIFICATE	E OF DEATH Registered No.
	NAME OF DECEASED	2. DATE
	Sister M.Alice Frey	DEATH Dec. 29 1950
3	. PLACE OF DEATH: Baltimore City, Maryland 901 Aisquith	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
8.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland
	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	Convent of Notre Dame	Beltimore township)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore 50 yrs. Days	901 Aisquith
F	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WEDDWED DIVORCED (Specify)	July 19,1870 9. AGE (In years) If Under 1 Year Months Days Hours Min. 5. 10 9. AGE (In years) If Under 1 Year Months Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
R	k done during most of working life, even if retired) eligious Teacher INDUSTRY	Milfort Pa. WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Michael Frey	Josephine Steingruber
1: (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SECURITY NO.	17. INFORMANT ADDRESS
	SECONIT NO.	Sr.M.Stan.Kostka 901 Aisquith Street
	18. 153 X . CAUSE (OF DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	enche Carcinomia
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	MYSMICHAN
	NU	
z	ANTECEDENT CAUSES	
10	DISTASES OF CONDITIONS IF ANY SWINS	lacino al
RTIFICATION	UNDERLYING CONDITION LAST.	unoschrasis
FIG	(C)	
E	OTHER SIGNIFICANT CONDITIONS CON-	
III III	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
N X		YES NO
EDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
	OF INJURY while at NOT WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from July	, 19 50to Dec. 29 , 19 50 that I last saw the
		red at 2.15 Pm., from the eauses and on the date stated above.
	23a, SIGNATUR	38. ADDRESS 23c. DATE SIGNED
	Thomas Tury M.D.	110 8 7/0 MADUR 1700,50
2	4A, BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
11	Burial Doc. 31/50 not ch le	lift Theulem
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	DEC 110ED The for Vellians M. R.	Tis MAmile Tom
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		HEALTH DEPARTMENT	50- Registered N	-11225
1.	NAME OF DECEASED (Sype or Print) CLEUELAND MOORE		2. DATE OF DEATH /2-	29-50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address OSPITAL OR location		ANS	
11	ISTITUTION	C. CITT OR TOWN		s, write RURAL and give township)
9	PROVIDENT HOSPITAL	D. STREET ADDRESS (If r		2-01
c.	Length of stay in Baltimore 17 Mos Day	01/2	MSYLVAN	IA AVE.
	SEX 6. COLOR OR RACE 7. SINGLE (MARRIED) WIDOWED DIVORCED (Special		9. AGE (In years	Under I Year If Under 24 Hours
1	MALE NEGRO SEPARATE	12-24-1883	last hirthday) Mo	nths Days Hours Min.
10 wor	OA. USUAL OCCUPATION (Givekind of Lobert Mind of Lo	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME .	
1	lenny Moone	AMANDA		3
Ti.	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL M. ng or unicowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT (SON-IN-	AAW) AI	DDRESS
	s, nd of uotoowo) (11 yes, give war or dates of service) SECURITY NO.	ROBERT MOORE	9437	PENN. AVE
	18. 332X 1 CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	000011710		, , ,
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	REBRAL THRO	MADSIS	1 meek
	injury or complication which caused death.) DUE TO			
_	ANTECEDENT CAUSES	REBRAL ARTER	OSCLEROSIS	gears
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING		OGULZ N. 43.3	
AT	UNDERLYING CONDITION LAST.	enticl Agreeten	air.	• /
FIC	(C)			
RTI	OTHER SIGNIFICANT CONDITIONS CON-	11 . 1		/
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Semplegia		1 much
L	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	ERATION 6		20. AUTOPSY?
DICAL				YES NO
MEDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg		in Baltimore City, g	rive exact location)
~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?	Martin 1971
	m. WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from	2 - 32 1950 to 12	1-29 , 195	that I last saw the
	deceased alive on 12-27, 195, and that death occ	urred at 8 Am., from th		ne date stated above.
	23A. SIGNATURE	23B. ADDRESS . 1 A	/	123c. DATE SIGNED
2	M. D. 4A. BURIAL, CREMA- 24B. DATE 246. NAME OF CEMET	TERY OR CREMATORY 24D, LC	CATION (City, town,	70
TI	ON, REMOVAL (Specify)	thurs 1 6	alter one	, md
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	-course a	ADDRESS 3221
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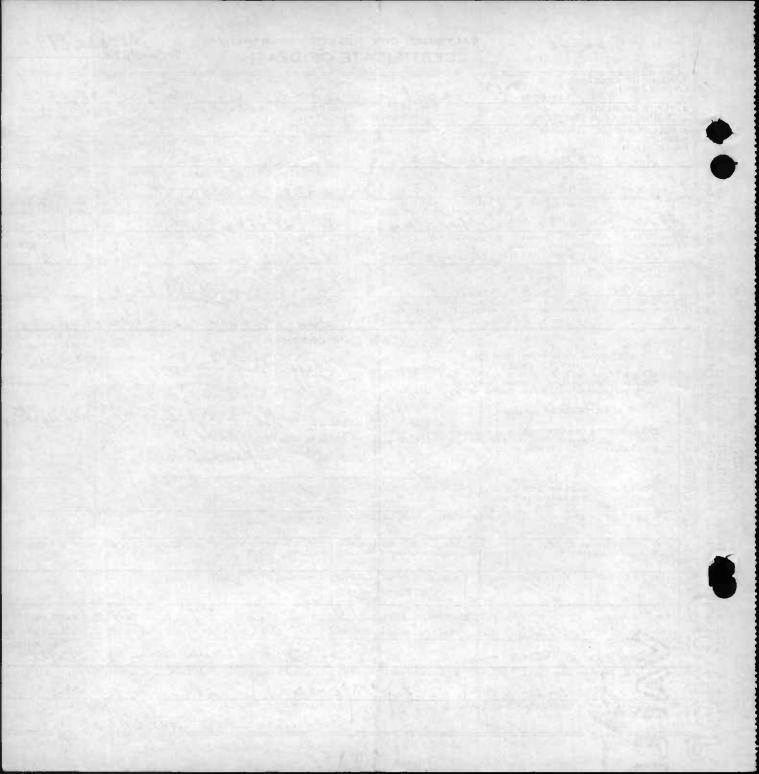
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pecify)	B. DATE OF BIRTH		9. AGE (In last birth	day) Mo	under Year nths Da	ys Hours	Min.
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STRY)		IZEN OF AT COUN	TRY?
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			AME				
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10.	17. INFORMANT		12.51		DDRESS		
	WIFE		1215 h	.40	A B E	ARY J	WEEN
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Y/C OPERA	TASSIVE	CONGE	PH Y ESTIBAJOF		20 YE	AUTOPS	Y7
DPERA	TION 21c. WHERE DI INJURY OCCUP	Con G	PHY SST/84/01 In Baltimore		20 YE	AUTOPS	Y7
OPERA e. g., in c bldg, etc	PASSIVE TION 2 Ic. WHERE DI INJURY OCCUP 2 21F. HOW DID	CONGE	FHYEST/8A/0F	e City, g	YE rive exac	. AUTOPS	 iY7
OPERA e. g., in c bldg, etc	PASSIVE TION 2 Ic. WHERE DI INJURY OCCUP 2 21F. HOW DID	CONGE	FHYEST/8A/0F	e City, g	YE rive exac	. AUTOPS	 iY7
DPERA	TION 21c. WHERE DI INJURY OCCUP	CONGE (I	FHY EST/8A/0F In Baltimore OCCUR?	e City, g	ye exac	AUTOPS Not location)	w the
DPERA e. g., in c bldg.,etc URREL VHILE 12- 12-	TION 21c. WHERE DI INJURY OCCUP 21f. HOW DID	CONGE (I	FHY EST/8A/0F In Baltimore OCCUR?	e City, g	, that is date	· AUTOPS Last sar stated a DATE SIG	w the bove.
DPERA e. g., in c bldg., etc URREL VHILE ORK 12- 23	TION 21c. WHERE DI INJURY OCCUP 21f. HOW DID 26 at 23 Am., B. ADDRESS Provide	CONGE (INJURY	f in Baltimore OCCUR? 2 - 28-2 he causes an	e City, g	, that is date	· AUTOPS Last sar stated a DATE SIG	w the
DPERA e. g., in c bldg., etc URREL VHILE ORK 12- 23	TION 21c. WHERE DI INJURY OCCUP 21f. HOW DID 26 at 23 Am., B. ADDRESS Provide	CONGE (INJURY	FHY EST/8A/0F In Baltimore OCCUR?	e City, g	, that is date	· AUTOPS Last sar stated a DATE SIG	w the bove.
DPERA e. g., in c bldg.,etc URREL VHILE 12- 12-	TION 21c. WHERE DI INJURY OCCUP 21f. HOW DID 26 at 23 Am., B. ADDRESS Provide	CONGE (INJURY	f in Baltimore OCCUR? 2 - 28-2 he causes an	e City, g	, that is edate	l last sar stated as DATE SIGNATE	w the bove.
DPERA e. g., in c bldg., etc URREL VHILE ORK 12- 23	TION 21c. WHERE DI INJURY OCCUP 21f. HOW DID 26 at 23 Am., B. ADDRESS Provide	CONCE	f In Baltimore OCCUR? Le causes an	5,99 nd on the	, that is date	l last sar stated as DATE SIGNATE	w the bove.
DPERA e. g., in c bldg., etc URREL VHILE ORK 12- 23	TION 21c. WHERE DI INJURY OCCUP 21f. HOW DID 26 at 23 Am., B. ADDRESS Provide	CONCE	f in Baltimore OCCUR? 2 - 28-2 he causes an	5,99 nd on the	, that is edate	l last sar stated as DATE SIGNATE	w the
DPERA e. g., in c bldg., etc URREL VHILE ORK 12- 23	TION 21c. WHERE DI INJURY OCCUP 21f. HOW DID 26 at 23 Am., B. ADDRESS Provide	CONCE	f In Baltimore OCCUR? Le causes an	5,99 nd on the	, that is edate	l last sar stated as DATE SIGNATE	w the
OPERA OP	TION 21c. WHERE DI INJURY OCCUP 21f. HOW DID 26 at 23 Am., B. ADDRESS Provide	CONCE	f In Baltimore OCCUR? Le causes an	5,99 nd on the	, that is edate	l last sar stated as DATE SIGNATE	w the

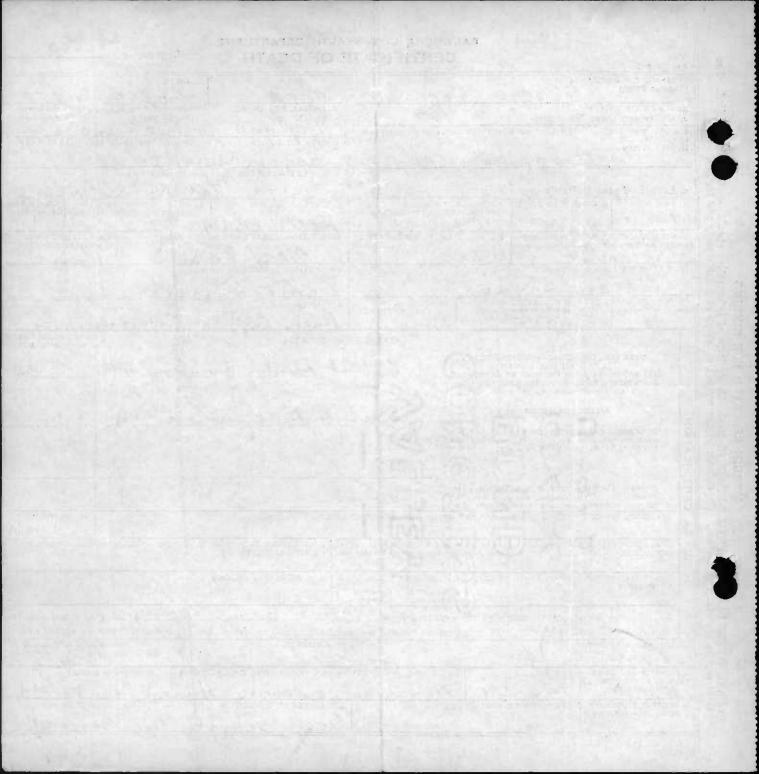
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	7		HEALTH DEPARTMENT 50-1	11227		
	1. (T	NAME OF DECEASED HAND ELIZABETH	19 2. DATE OF 77-	40.46.5		
		PLACE OF DEATH: Baltimore City, Maryland		28, 1950 stitution: residence before admission)		
	H	FULL NAME OF (If not in hospital or institution, give street address of location STITUTION 2235 HAFF OF PICK AVE.	c, CITY OR TOWN (If outside corporate limits,	write RURAL and give		
ginia	0	Yrs. Mos.	14 1 . 1 . 1	1 - C - G - G - C - C - C - C - C - C - C		
alla r		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years If United the state of	nder I Yeer If Under 24 Hours ths Days Hours Min.		
lear 13		A. USUAL OCCUPATION (Givekind of doneduring most of working life, even if retired) INDUSTR		2. CITIZEN OF WHAT COUNTRY?		
COULT	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.5.77.		
70 62	15 (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NONE 16. SOCIAL SECURITY NO. NONE	- 1141	DRESS LERICK AUE		
lite tile caus			may otelusin	INTERVAL BETWEEN ONSET AND DEATH		
is, picase w	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	tio Vascular Desira C Terlensin + grade III Decompensation	Six Menths		
nysicial	CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
		1 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION				
חחדות	MEDICA	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg		re exact location)		
AIII)		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURI OF INJURY m. WHILE AT NOT WHIL AT WORK AT WORK	E			
a been		22. I hereby certify that I attended the deceased from Jedeceased alive on 1758, 1950, and that death occur	14, 1933, to 1758, 1957, urred at 7:15 F.m., from the causes and on the	that I last saw the		
2 13		234 SIGNATURE M.D.	3 K32 Freeler al ave	18/29/JUNED		
ect ag		A. BURIAL, CREMA- N. REMOVAL (Specify) 13481AL 1-2-51 WESTERN	CEMETERY BALTIMORE	r country) (State)		
COLL	D	RECEIVED BY REGISTRAR'S SIGNATURE .	GEO. L. Schwab 2101 HAE	derick		
4		VS 150	4.4	2 DAVE.		



	1 - (3) / XX/0/20	HEALTH DEPARTMENT 50-1	1228
BI	IRTH NO. CERTIFICAT	TE OF DEATH Registered No.	
1. (T	NAME OF DECEASED (Type or Print) GEORGE HERMAN	NU VER 2. DATE OF DEATH VEC.	18.19.50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution; residence before admission)
1.9.	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location		
11/	ST. AGNES HOSPITAL	RAYMOR HEIGHTS	township)
	Yrs. Mos	o. STREET ADDRESS (If rural, give location)	0
_	Length of stay in Baltimore Days	EVELYN & FRANKLIN	HUES.
5.	MIDOWED, DIVORCED (Specif	8. DATE OF EIRTH 9. AGE (In years last birthday) Months	Days Hours Min.
10	A. USUAL OCCUPATION (Givekindor) 10B, KIND OF BUSINESS OR		CITIZEN OF
	Contractor SELF	MARYLAND	S. HTRY?
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	S. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	ThniE JChuay ADDE	DESC
(Ye	s, no or unknown) (If yee, give war or dates of service) SECURITY NO.	Annie Snyder Raynor He	*
	1 6 6 4	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	.11 1 1	2 .4-
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	asserting aneurysm, aska	: wks,
7	ANTECEDENT CAUSES	ischeratio hypertenine CVD	?
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	The state of the s	
FIC	(C)		
ERT	OTHER SIGNIFICANT CONDITIONS CON-		
S	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg	in or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?	
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from	$\frac{11/26/60}{\text{urred at 10 so}}$, 19, to $\frac{12/28}{\text{urred at 10 so}}$, 19, to the causes and on the d	hat I last saw the
	deceased alive on 12 124, 19 50, and that death occur	23B. ADDRESS	late stated above. 3c.,DATE,SIGNED
	Terlet L. Kerrikas M.D.	5305 East there (2)	2/29/50
TIC	ON REMOVAL (Specify)	ERY OR CREMATORY 240. LOCATION (City, town, or e	county) (State)
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AL	DRESS
L	ocal registrar	GEO. L. Schwab 2101 FRE	Ederick
11	1Nvs 156951 2902		30) AUE.

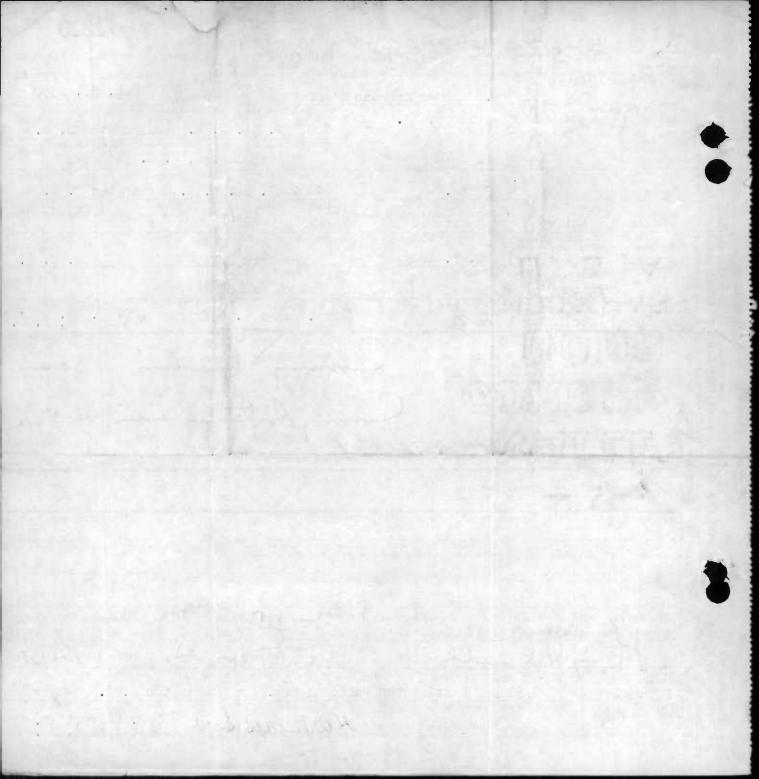


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T. C.	
PL	ecia
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PLEASE	correct

0165 50-	11229	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH
1. NAME OF DECEASED (Type or Print)	Lt. Col.	James Ambrose O'Brien
3 PLACE OF DEATH	£100	Wands Daniel HA HELIAL RECIDENCE /

1	59-11229		
1	Registered No.		

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) I.t. Col. James Ambrose	O'Brien 2. DATE OF Dec. 31, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) 2002 P. St. N. W. Washington D. C. C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 3 hrs. Days	2002 P. St. N. W. Washington D. C.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White Married	8. DATE OF BIRTH About 9. AGE (In years of Under 1 Year Months Days Hours Min.
IOA: USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Army officer (Retired) U. S. Army	New York City U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Terrance O'Brien	Lucy Gannon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. World War 1 and 22	Mrs. James A. O'Brien 2002 Brist. N.W. Washington, D. C.
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Atamlani 4-5 yrs
TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION // 1 19B, MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK	ED 21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3	the , post, to 3 , the , 1950, that I last saw the
deceased glive on 3, 19 18, and that death occur	rred at 7 m., from the eauses and on the date stated above. 23B. ADDRESS 23C. DITE SIGNED 3 (1) (1) (1) (1) (1)
24A. BURIAL CREMA- 246. DATE 110N. REMOVAL (Specify) Burial 1/3/51 Arlington Nat	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	H.W. N. Calvert st. Baltimore 2, Md.
VS 150	Cal La



Harry Kates

ADDRESS MRS. LEONA HOLZMAN-4119 MASSACHUSETTS AL INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 1950 that I last saw the Rm. from the causes and on the date stated above. 23C. DATE SIGNED 24D. LOCATION (City, town, or BALTIMORE DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 11/110 1VS 150 585 24

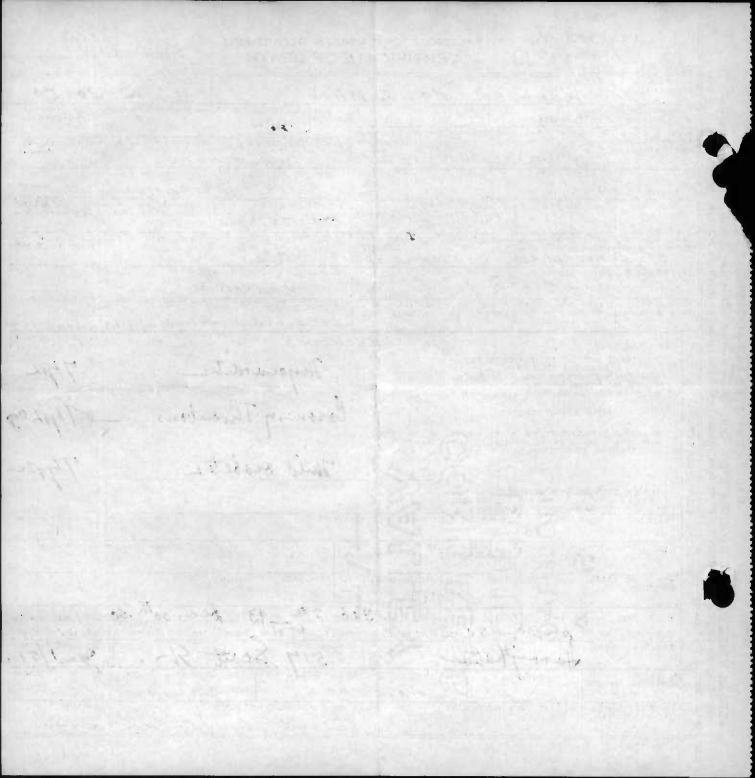
50-11230

12-30-50

12. CITIZEN OF

WHAT COUNTRY

before admission)



	550-	11231	BALT	IMORE C	ITY HE	ALTH DEPARTM	ENT	59-1	1231	
В	21 NO. 6	52	C	ERTIF	ICATE	OF DEATH		Registered	No.	
	NAME OF DEC	- //	ANIE	ER (JI RE	ENSPU	V	OF /2	-31-50	
	PLACE OF DEA Baltimore Cit	ty, Maryland 37	06 Nov	tonia	Rd	4. USUAL RESIDEN	E (Whe		If institution: residence addressed	
H	FULL NAME O OSPITAL OR ISTITUTION	70 7.			location)	c. CIP OR TOWN	(If ou	tside corporate lin	nits, write RURAL s	
6	0	the M	ount	Hos	Yrs.	D. STREET ADDRES	S/(If rui	ral, give location)	5-040	wnship)
		y in Baltimore		38	Mos- Duys	20346.7	aur	mocu	I ave	
7	iale	Whate	7. SINGLE, WIDOWEI	MARRIED, D, DIVORCES	(Specify)	8. DATE OF BIRTH	9	last hirthday)	Months Days Hour	s Min.
1C worl	A. USUAL OCCI	UPATION (Give kind of vorking life, even if retired)	198/ KIND O		S OR DUSTRY	11. BIRTHPLACE (Sta	ate or fore	ign country)	12. CITIZEN O WHAT COL	
13	. FATHER'S NA	ME	muuaw	rd Du	uller	14. MOTHER'S MAJE	DEN NAM	E		
1	LEM!	EVER IN U, S. ARMEI	FORCEC		9	not seen	ow	u		
(Ye	, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURIT	TY NO.	JAMUEL.	Gree	nahum	- Jus	re
	18. 332	X		C.	AUSE C	F DEATH			INTERVAL BI	DEATH
	(This does r	OR CONDITION EADING TO DEA' of mean the mode of	TH of dying, e.g.,	(A)	BNO	riche -	PMG	ruonea	wul	1
	heart failure injury or c	, asthenia, etc. It mea omplication which o	ns the disease, aused death.)	DUE TO					Syun	1
z		NTECEDENT CAUS		(B)(A)	you	regional This	make	·	3mo	7.
ATIO	RISE TO THE	OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LA	STATING THE	DUE TO	21		4 /		31111	
RTIFIC				(c) X	rang	num por		Cov)
ERT	TRIBUTING T	II GNIFICANT CONDI TO THE OEATH, BUT EASE OR CONOITION	NOT RELATED							
7	19A. DATE OF		9B. MAJOR F			ATION			20. AUTO	PSY?
EDICA	21A. ACCIDE	NT WAS UNDER- CONTRIBUTING	218. PLAC	E OF INJUR	Y (e. g., in office bldg., et	or 21c. WHERE DIE		n Baltimore City	, give exact location	no L
ME	CAUSE OF D		(Hour) 21	E. INJURY O	OCCURRE	D 21F, HOW DID 1	NJURY C	OCCUR?		
4	OF INJURY			ILE AT	NOT WHILE					
		certify that I att				7200	to 17		V, that I last s	
	deceased alia		, 15, U., an	ia that aea		red at m., f	rom the	causes and on	23c. PATE S	
24	AA BURIAL, CR	EMA- 248. DATE	10 pl	C. NAME OF	CEMETER	Y OR CREMATORY	24b. LOC	ATION (City, tow	n, or equity)	(State)
	AUTUM ATE RECEIVED	01-1-1	SSIGNATUR	terre	ng	Es. FUNERAL DIREC	TOP (Pault	APPRESS	2
	L/5/	AR .	on Millia		0	wer here	is pu	L 2100	Contan	5 Ple
	VS 150	1			1/				_/	0

2101 Part Care and Ca

BALLIMORE CITY HEALTH DEPARTMENT	11232
CERTIFICATE OF DEATH Registered	No.
(Type of Print) BARBARA A. PETR 2. DATE OF DEATH	2/30/50
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE B. COUNTY	f institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION ST. JOSISPH'S HOSP. BALTO	its, write RURAL and give township)
c. Length of stay in Baltimore Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) MADEIR	7 55.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Oct 28,1867 9. AGE (In years last birthday) MARRIED. WARRIED. WIDOWED, DIVORCED (Specify) Oct 28,1867 9. AGE (In years last birthday) MARRIED.	If Under 1 Year If Under 24 Hours Inthis Days Hours Min.
10A. USUAL OCCUPATION (Givekind of working life, even if retired) Work done during most of working life, even if retired) Workeven la	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME (Lackal Lackal Lack	u.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. NONE.	ADDRESS WARDLENG W
18. 33/1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) CILLY Konnowhag	e 2/2 hus
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	· · · · · · · · · · · · · · · · · · ·
ANTECEDENT CAUSES asterioscleroses	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?	give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 12/30/50, to 12/30/519	_, that I last saw the
deceased alive on 12 30 5, 70 , and that death occurred at 2 m., from the causes and on	the date stated above.

REGISTRAR'S SIGNATURE

24D.

(State)

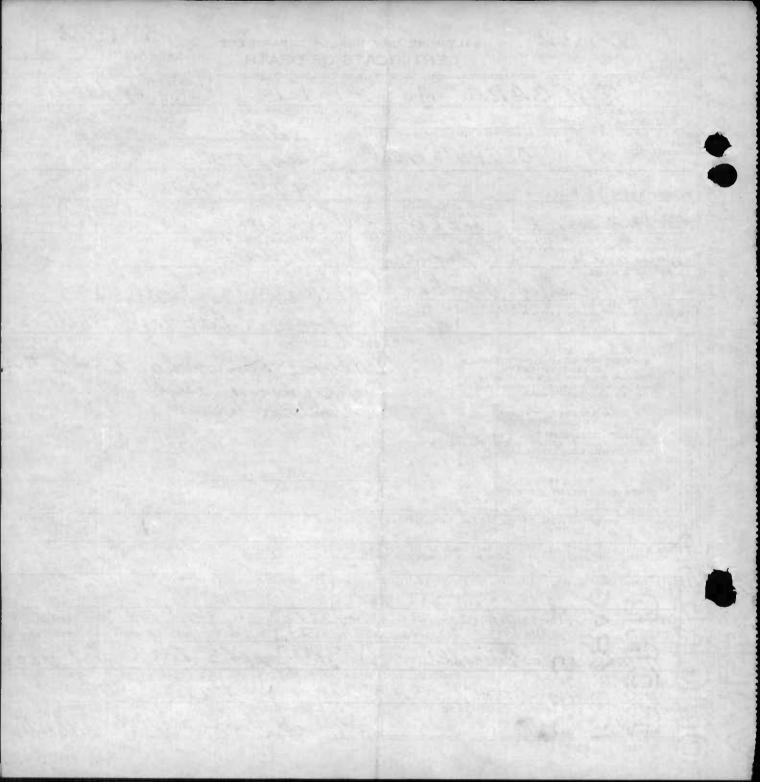
24c. NAME OF

24A. BURIAL, CREMA-TION, REMOVAL (Specify) BULLIAN DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

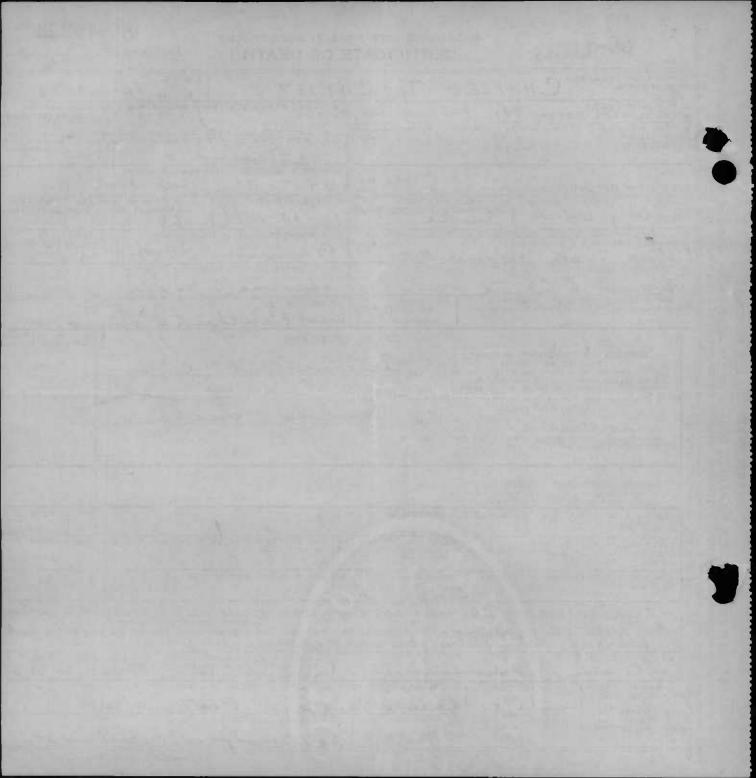
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1.	-623
0	55 2000
	74-11233
BIRTH	NO.
	C OF DECEMBER

5	0-11233	
istered	No	

BALTIMORE CITY HEALTH DEPARTMENT	50-11233
BIRTH NO. CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED —	2. DATE
(Type or Print) CHARLES T. CHRISTIE	OF 12-29-50
A. Baltimore City, Maryland 34/2 over force, A. STATE	Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or Hospital OR Hos	outside corporate limits, write RURAL and give
Baltimos	township)
Yrs. D. STREET ADDRESS (If	rural, give location)
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH	9. AGE (In years) If Under I Year If Under 24 Hours
more White Single (Specify) 12-10-1881	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or for work-done during most of working life, even if retired)	reign country) 12. CITIZEN OF
Return Clerk Perma R.R. 13 altimore	md WHAT COUNTRY
13. FATHER'S NAME	AME
US. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	Ware
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	3 4/2
18. 422,/ CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Cardio -
injury or complication which caused death.) DUE TO	to be a second second
ANTECEDENT CAUSES Voscular de	slass
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
V 21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g., in or 21c. WHERE DID (I.	f In Baltimore City, give exact location)
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	In Battimore City, give exact location,
∑ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY	OCCUR?
OF INJURY MHILE AT NOT WHILE MORK AT WORK	
22. I certify that I took charge of the remains described above, held an Inspect	tion + Auguing thereon and from
the evidence obtained by said Autonay Inspection on Inspection for that and the	Inspection or Inquiry ceeased died on the day stated above,
the evidence obtained by said Antopay, Inspection or Inquiry, find that said de	, homicide, undetermined.
and death in my opinion resulted from: natural causes , accident , suicide	
and death in my opinion resulted from: natural causes ☑, accident ☐, suicide 23A. SIGNATURE ASSISTANT MEDICAL E ASSISTANT MEDICAL E	EXAMINER 23c. DATE SIGNED
and death in my opinion resulted from: natural causes ☑, accident ☐, suicide 23A. SIGNATURE ASSISTANT MEDICAL E M.D. MEDICAL INVESTIGATE M.D. MEDICAL INVESTIGATE ASSISTANT MEDICAL INVESTIGATE ASSISTANT MEDICAL INVESTIGATE M.D. MEDICAL INVESTIGATE M.D. MEDICAL INVESTIGATE ASSISTANT MEDICAL INVESTIGATE M.D. M.D. MEDICAL INVESTIGATE M.D. M.D. MEDICAL INVESTIGATE M.D. M.D. M.D. MEDICAL INVESTIGATE M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D	EXAMINER 23c. DATE SIGNED
and death in my opinion resulted from: natural causes ☑, accident ☐, suicide 23a. SIGNATURE 23a. SIGNATURE ASSISTANT MEDICAL E ASSISTANT MEDIC	EXAMINER
and death in my opinion resulted from: natural causes ☑, accident ☐, suicide 23a. SIGNATURE 23a. SIGNATURE ASSISTANT MEDICAL E ASSISTANT MEDICAL E ASSISTANT MEDICAL INVESTIGAT 24a. BURIAL. CREMA-1 24B. DATE 24c. NAME of CEMETERY OF CREMATORY 24b. LC	EXAMINER 230. DATE SIGNED EXAMINER



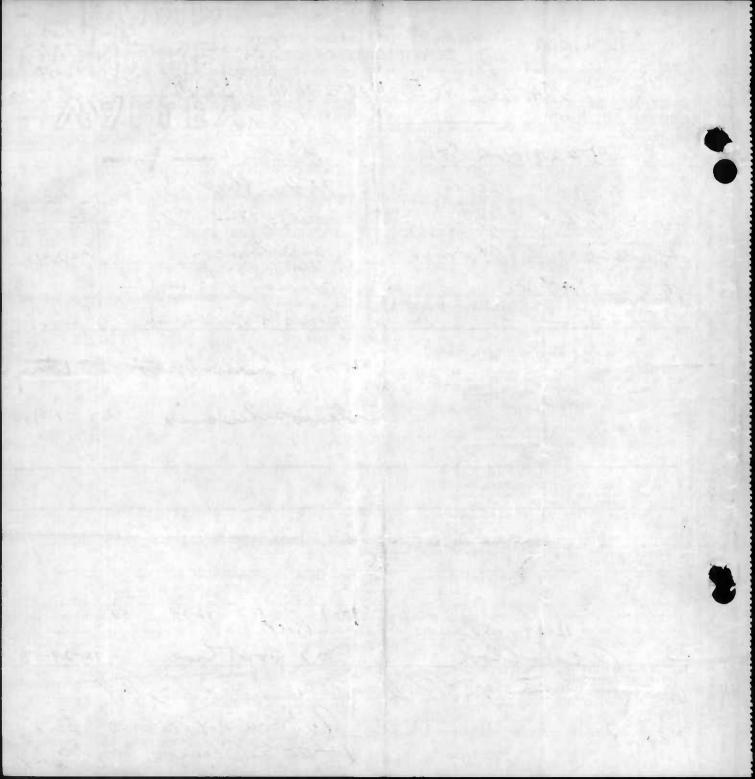
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11-	50-11234			

BALTIMORE CITY HEALTH DEPARTMENT

	50-	-11	234	1
gister	ed No	-		

	BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
	1. NAME OF DECEASED KATher	ine E. (Mei	+zger)Piebs	PATE TEN	1. e.29,1950
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instit	ution, give strect address or	4. USUAL RESIDENCE (When A. STATE	re deccased lived. If i	nstitution ; residence before admission)
	HOSPITAL OR INSTITUTION 15-42 Boyle	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
0	c. Length of stay in Baltimore	D. STREET ADDRESS (If run	al, give location)		
	Flenole White m			Under 1 Year # Under 24 Hours this Days Hours Min.	
		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fores	ign country)	12. CITIZEN OF
	John Raynor		14. MOTHER'S MAIDEN NAM	ervey -	
. 6	Yes, no or unknown) (If yes, give war nr dates of service)	16. SOCIAL SECURITY NO.	James M. Ries	beam (DRESS
	18. 420.1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL	Y	RO	1	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.					1 day
	injury or complication which caused dea		0		
	ANTECEDENT CAUSES	6.	t		, 4
	DISEASES OR CONDITIONS, IF ANY, GIV	ING (B)	renomero	aes	p.
4	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				U
	<u> </u>	(C)			
	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS C.				
	TRIBUTING TO THE DEATH, BUT NOT RELA	TED			
•	19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
	4				YES NO
. 1	LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., i e, farm, factory, street, affice bldg.,		n Baltimore City, gi	ve exact location)
	2 1D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJURY C	DCCUR?	
	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended th		0-1 , 1950 to 1	2-29 1950	, that I last saw the
	deceased alive on 12-29, 1950				
	23A. SIGNATURE Sollow		3B. ADDRESS		23c. DATE SIGNED
0 -	24A. BURIAL, CREMA- 24B. DATE	M. D. 24C. NAME OF CEMETE	10/ April C	ATION (City, town,	72-29-50 or county) (State)
	Muricel - Jus-, Jan 2, 1951	They have	0 0	- 1	(State)
	DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	Williams, NE	25. EUNERAL DIRECTOR	1 avon	ADDRESS .
	VS 150		1400 S. P.	and the	30.1

14005, Charle \$ 1940 m.



50-11236 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If. A. Baltimore City, Maryland 27 A. STATE befule admission) B. FULL NAME OF (If not in hospital of institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURA) and give CITY OR TOWN INSTITUTION Yrs. D. STREET Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE MARRIED last birt day) Months Days Hours Min. ED. DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND BUSINESS OR or foreign country 12. CITIZEN OF clear work done during most of working life, even if retired) INDUSTR information s of death cle EVER U. S. ARMED FORCES? 16. SOCIAL SECURITY of INTERVAL BETWE 18. CAUSE OF DEATH DISET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-Visceroptosis Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION A 198. MAJOR FINDINGS OF 4 DIC 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WRITE PI La 31 1950 that I last saw the 22. I hereby certify that I attended the deceased from 1945, 19 deceased alive on 12/3/ 1950 and that death occurred at _m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23C. DATE SIGNED BURIAL. CREMA-24c. NAME OF CEMETER DATE RECEIVED REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

2707 174112 111000 1 · - 6/88 / 441. 9.30) = Let Mark the the second metal for the second to the second of the se To deliant flowers & Elle.

-	4-200	
BI	BALTIMORE CITY HEALTH DEPART BIRTH NO. 50-11237 CERTIFICATE OF DEAT	
1.	1. NAME OF DECEASED (Type or Print) William allrant Haucik	2. DATE OF Lleg. 28.1950
	3. PLACE OF DEATH: A. Baltimore City, Maryland Bolto. C. + 4. USUAL RESIL	DENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B.	B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOW	N (If outside corporate limits, write RURAL and give township)
	Yrs. D. STREET ADDR	RESS (If rura) give location)
	c. Length of stay in Baltimore 2/12 Days /+0 // 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRT	
1	Male White Widowed (Specify) July 26	last birthday) Months Days Hours Min.
	ork done during most of working life, even if retired)	(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	13. FATHER'S NAME 14. MOTHER'S M	AIDEN NAME
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	ADDRESS
Y er	Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Hauck 140W. Oslend H.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) DUE TO	afoflery.
,	ANTECEDENT CAUSES arkeris S	elovis,
CALIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO LUE TO	, Tuyorareitis
ביובי	OTHER SIGNIFICANT CONDITIONS CON-	
ALC	13A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
בחוכו	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCC	
2	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DI OF INJURY WHILE AT NOT WHILE WORK WORK	D INJURY OCCUR?
	22. I hereby certify that I attended the deceased from 15,15	
N. 17. 1. 1	deceased alive on 12 8, 1950, and that death occurred at 231 SIGNATURE 233. ADDRESS 1337 S. Cl	from the causes and on the date stated above. 23c. PATE SIGNED 12/30/30
24	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATOR	y 24b. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

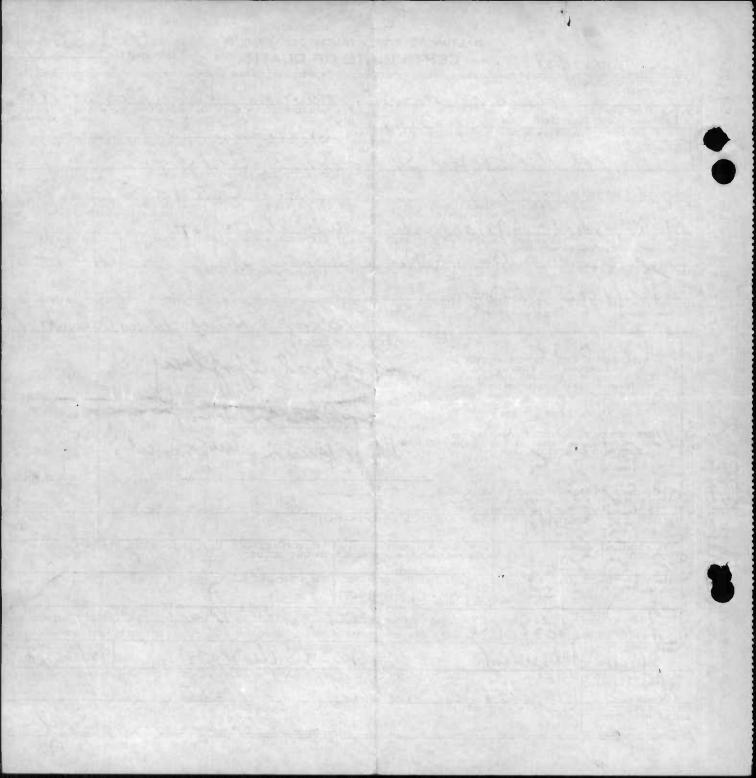
1/2/1901
REGISTRAR'S SIGNATURE

Williams M. W.

25. FUNERAL DIRECTOR

ADDRESS

VS 150



PLEASE WRITE PL. correct age is especial

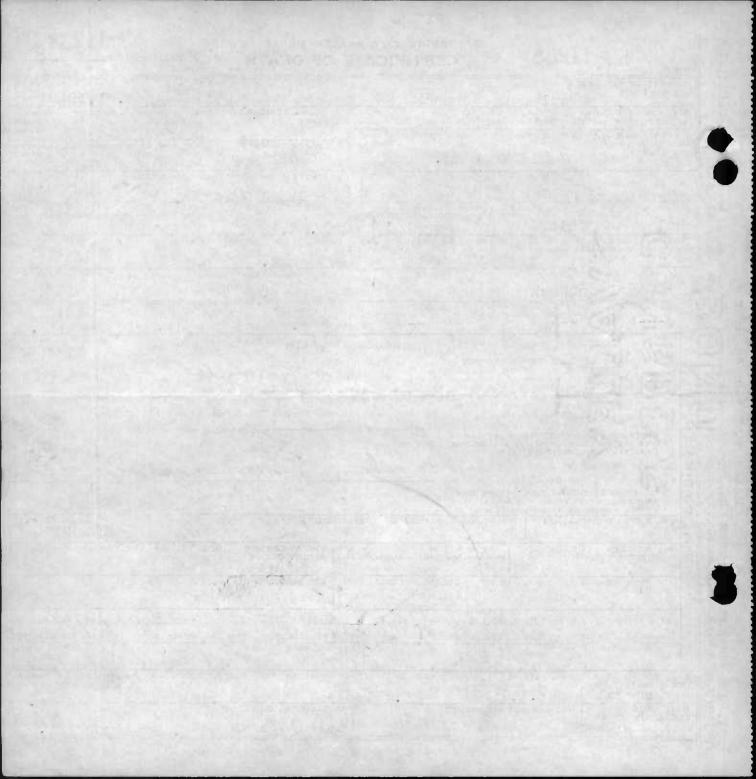
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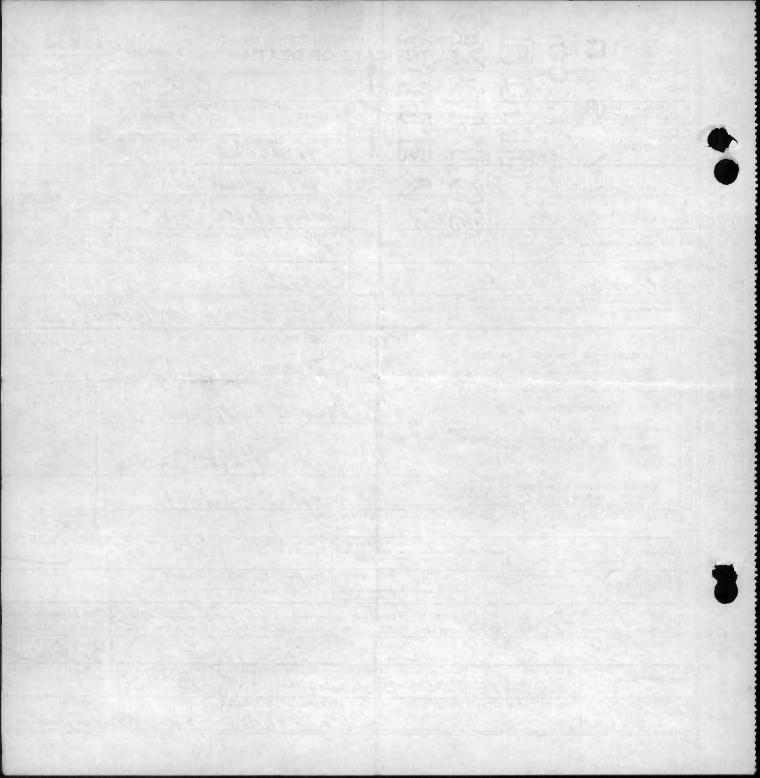
BALTIMORE CITY HEALTH DEPARTMENT

50-11238 Registered No.

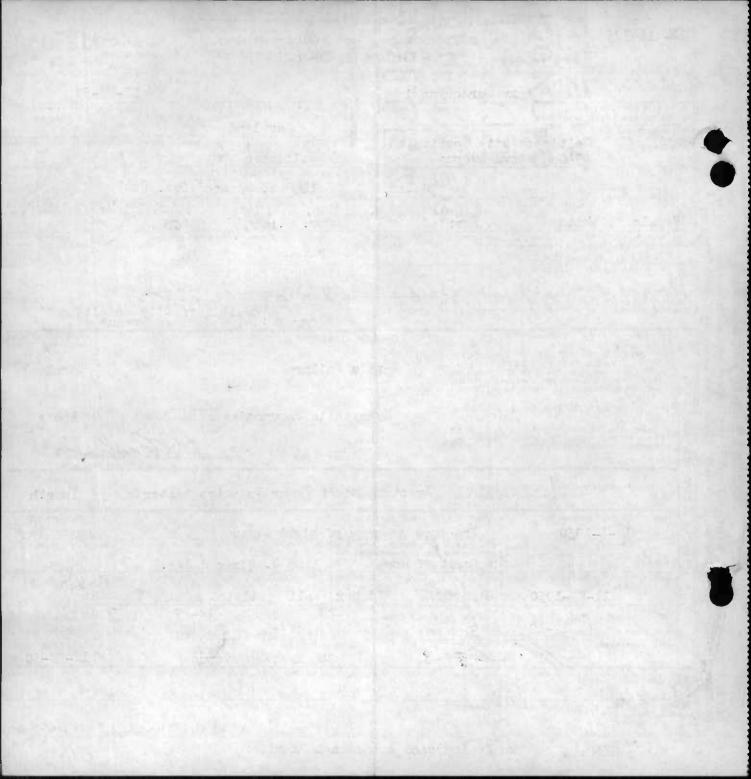
5U-11238	CERTIFICATE OF DEATH

BIRTH NO. 50-11238 CERTIFICATE OF DEATH Registered No.							
1.	NAME OF D		2 0	1		2. DATE	2000
-	DI ACE OF D	Paul Jo	nn vo:	rnock		DEATH Dec . 3	
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (B. COUNTY	before admission)	
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	3/ 3 3		
	OSPITAL OR ISTITUTION	3507 Old	York :	location) Rd.	c. city or Jown 2 (1) Paltimore	f outside corporate limits,	write RURAL and give township)
-				Yrs.	D. STREET ADDRESS (If	f rural, give location)	
-		tay in Baltimore		Mos. Days	3507 013 You	le Da	
5.	SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH		nder I Year If Under 24 Hours the Days Hours Min.
1	lale	White	VIIDOV	Married	Feb. 3.1890	ast birthday) Mon	ins Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	2. CITIZEN OF
wor	k done during most o	of working life, even if retired)	con.	eater industry	Penna.		WHAT COUNTRY?
13	FATHER S	VAME			14. MOTHER'S MAIDEN N	IAME	
	Po 11	1 Cornock			0 6		
18		ED EVER IN U. S. ARMEI	FORGER	1 10 000111			
(Ye	s, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
				the cos	Thos. Leaghe:	r It. Plas	sant Pa.
	18. 4.20			CAUSE	OF DEATH		INTERVAL BETWEEN
				ONOSE	OI BEATTI		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Ca.	masser The	5	7
	(This does	s not mean the mode oure, asthenia, etc. It mes	of dying, e.	g., (A)	The state of	70 PT V	acul
		complication which					
	ANTECEDENT CAUSES Toppertensin Cardio Vascular						
z	ANTECEDENT CAUSES						
Q	DISEASES OR CONDITIONS, IF ANY, GIVING						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
O				Ro	. ,	4.1.1	
1	The state of the	- 11		(C)	and was to 130	Tay entrophy	<u> </u>
R	OTHER S	SIGNIFICANT COND	TIONS CO	N -		10 11	
CE		G TO THE DEATH, BUT					N. Carlotte
0				FINDINGS OF OPER			20. AUTOPSY?
A		0					YES NO
Ü	21A. ACCIDE	ENT, SUICIDE,	1 218. PL	ACE OF INJURY (e.g., i	or 21c. WHERE DID	(If in Baltimore City, gi	
EDICA	HOMICIDE			farm, factory, street, office bldg.,	te.) INJURY OCCUR?		
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	D 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
				WORK AT WORK		7	
	22. I hereb	y certify that I att	ended the	deceased from de	an m ku 5, 100, to	December 31, 1950,	that I last saw the
	deceased at	live on Our	1950	and that death occur	red at / Am., from	the causes and on the	date stated above.
	23A. SIGNA	TURE A/	1	0 2	3B. ADDRESS	400	23c. DATE SIGNED
		116.1	beedt	e M. D.	7314-811 Mu	The Brame	Jan. 1/10.
2	AA. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town,	r county) / (State)
TI	ON, REMOVAL (S		7057	<u> </u>			
-	Kemov		1951		NE FUNERAL DIRECTOR	. Pleasant	ADDRECE
	ATE RECEIVE DCAL REGIST	DAD	6711	and the second second	25. FUNERAL DIRECTOR		ADDRESS
11	M - 1 19	51 1	1.84 / 1868;	Considerable	orm / Illoray	DO T. Paltir	nore St.
	VS 150			730 000	1482		935
1				732 8KI			121

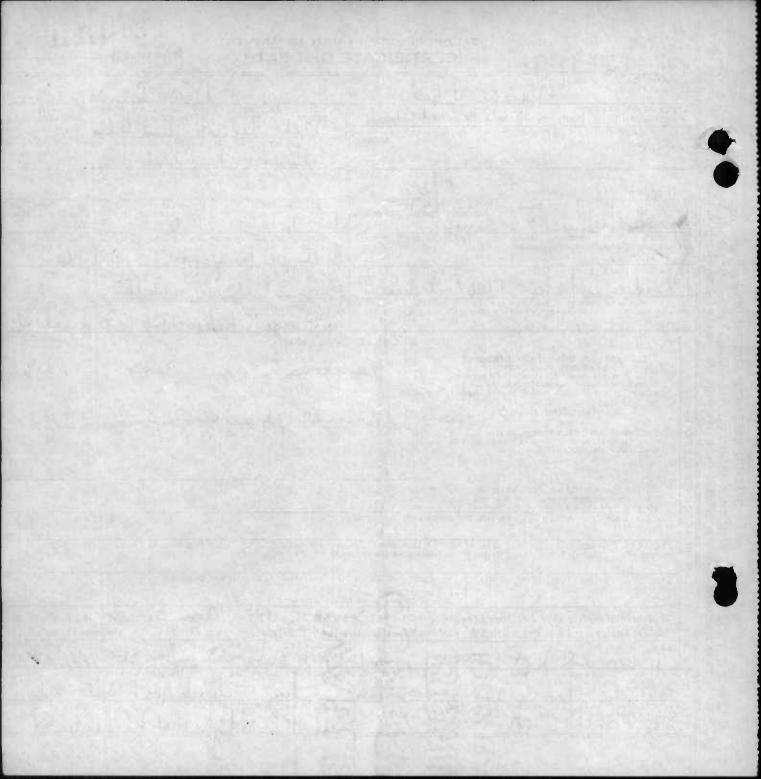




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	N	D- 14457	5	BAI	LTIMORE CITY H	IFALTH DEPA	RTMENT	5	0-11240
The	В	IRTH NO.	50-11240		CERTIFICAT			Registered	I No.
	1. NAME OF DECEASED 2.1				2. DATE				
applied.				y Durac	czynski			DEATH	-29-50
ldd		3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	_	ere deceased lived, B. COUNTY	lf institution: residence before admission)		
-	H	FULL NAME OSPITAL OR	OF (If not in hospit Baltimore	al or institut	ion, give street address of	c. CITY OR TO	yland	utsido compando lin	nits, write RURAL and give
À .	IN	NSTITUTION	4940 Easte			Baltim		diside ediporate in	township)
Sign	-		17.10	-11 -11 01	Yrs.	D. STREET ADI		ral, give location)	
leg			stay in Baltimore		50 Yrs. Mos. Days	1108 S	. Linwoo	d Ave. (24	
VDING information should be s of death clearly and		Female	6.COLOR OR RACE	WIDOW	E, MARRIED. VED, DIVORCED (Specify				ff Under 1 Year If Under 24 Hours Months Days Hours Min.
hou	10	A. USUAL OC	CUPATION (Give kind of		ried of Business or	11. BIRTHPLAC	E (State or for	eign country)	12. CITIZEN OF
n sl	wor	k done during most	of warking life, even if retired)		INDUSTR	Poland			WHAT COUNTRY
atio th	10	FATHER'S				14. MOTHER'S	MAIDEN NAI	ME	1 4. A. A.
NG rm dea	1	teshe	n Sulca	um	lai	Kather	ine	30000	Je)
IDI of of	/15 (Ye	o, no or unknown)	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN	Baltim	Ore City H	ADDRESS
of see	_			V		Records	: 4940 I	ore City H	
em cau		18. E 90	3.0		CAUSE	OF DEATH			INTERVAL BETWEEN
FOR y item			SE OR CONDITION LEADING TO DEAT not mean the mode of	- 🗀	Cardie	Failure			Terminal
RVED FOR I Every item write the cau		heart failu	ire, asthenia, etc. It mea	ns the diseas	e.		••••••••••••••••••••••••	•••••••	-ciminat
RESERVED INK. Even please write			ANTECEDENT CAUS	ES					DDDAUED AV
RESE INK. please	Z	DISFASE	S OR CONDITIONS, II			static Pneur	monia CE	RTIFICATION A	NPPKUVE Y6Als Lubinski, M.D.
	ATIO	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO		nor:	1286	aloniski, M.D.
MARGIN UNFADING Physicians:	FICA	www.S			(C)	***************************************	per:	WEE OD AGET WEG	M. D.
AR(RTIF	OTHER S	II SIGNIFICANT CONDI	TIONS CON	75				
M	CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	racture F	light Femur	Intertr	ochanteric	lmonth
н.	1	19A. DATE C	OF OPERATION 1		FINDINGS OF OPE				20. AUTOPSY?
WITH rtant.	CA		-4-1950 DENT WAS UNDER-		cture of necl			in Paltimone City	yes No K
c, WITI	ED	LYING OF	R CONTRIBUTING	about home,	farm, factory, street, affice blds.	,etc.) INJURY OC			/-/
	Σ	21b. TIME	(Month) (Day) (Year)		21E. INJURY OCCUR	RED 21F. HOW D	DID INJURY	occur? while	e walking)
F		OF INJURY	11-29-1950	P _{m.}	WHILE AT NOT WHILE WORK			and fell t	0,
PI		22. I hereb	y certify that I att						50that I last saw the
I'E esp		deceased a	live on 12-29	, 19_50	and that death occu	erred at 8:25a	m., from the	causes and on	the date stated above.
RI		23A. SIGNA	TURE	8		23B. ADDRESS			23c. DATE SIGNED
T M	24	4A. BURIAL, (CREMA- 24B. DATE	9	M. D.	4940 Easte		CATION (City, tow	12-29-50 vn, or county) (State)
ASE ct 2	III	ON, REMOVAL (S	Specify) 1-2-	51	740. R	100111	Ho.	- 4 0	11:00 Pm).
PLEASE WRITE PI		ATE RECEIVE	D BY REGISTRAR			25. FUNERAL D	DIRECTOR	· · · · ·	ADDRESS
P 2		OOAL REGIST	nan :	with	the Mildenine,	John &	: Dud	a And	2829 Hudson
		VS 150	1951 T	o Be Ar	oproved By Me	/	ner		24.
	1	JAN	N820						186a



	50	-11241				- t 0:01	1241
0	2.00		BAL	TIMORE CITY HE	EALTH DEPARTMENT	00-	1.1241
ВІ	RTH NO.	50-11241		CERTIFICAT	E OF DEATH	Registered No)
1. (T	NAME OF ype or Print)	DECEASED BL	naher 3	Thake		OF DEATH DOE	30,1950
Α.		City, Maryland		Leval Street	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution : residence
H	FULL NAME OSPITAL OR ISTITUTION		pital or instituti	on, give street address or location)	C. CITY OR TOWN (III	outside corporate limits,	write RURAL and giv
<u></u>				P. Yrs. Mos.		rural, give location)	0 10
C.	Length of	stay in Baltimore	E 7, SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years) If the	nder 1 Year It Under 24 Hour
te	male	White	Sing	ED, DIVORCED (Specify)	Feb 7, 1889	last birthday) Mont	hs Days Hours Min
		CCUPATION (Give kind t of working life, even if retire		OF BUSINESS OR INDUSTRY	Baltimore many	reign country) 1	WHAT COUNTRY
13	harter's	2 I hake	1726	Federal St	14. MOTHER'S MAIDEN MA	Le Baltin	AT\$1
	. WAS DECEA		ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT R	1726 63	DRESS ST
	18. 33	11		CAUSE	OF DEATH		INTERVAL BETWEE
		ASE OR CONDITIO					ONSET AND DEAT
	heart fai	LEADING TO DE es not mean the mod- lure, asthenia, etc. It m er complication which	e of dying, e. g neans the diseas	e,	retral ac	adus	1 we
d		ANTECEDENT CA	US ES	н	0' 1		
NO O	DISEAS	ES OR CONDITIONS	, IF ANY, GIVIN	(B)	all all	مر ما ما ما	ن ال
ERTIFICATION	RISE TO UNDER	THE ABOVE CAUSE (LYING CONDITION	A) STATING TH LAST.	E DUE TO			
LIFIC		11		(C)			
ER	TRIBUTII	SIGNIFICANT CON	T NOT RELATE	D			
U.		OF OPERATION		FINDINGS OF OPER	RATION	— — · · · · · · · · · · · · · · · · · ·	20. AUTOPSY?
CAL		0					YES NO
1EDICA	HOMICIDE	Specify)		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		f in Baltimore City, giv	ve exact location)
Σ	210. TIME	(Month) (Day) (Yes		1E. INJURY OCCURR		OCCUR?	
			m.	WORK NOT WHILE			
				deceased from) ac 31, 1950,	
	23A_SIGNA	ATURE		and that death occur	rrea atpm., from the	he causes and on the	23c. DATE SIGNED
	0.0	mad L.	Richta		1706 M Was	the notymul	1/1/57
TI	ON REMOVAL	(Specify) An 3	1951 0	Condon Parls	CAMPLE TIES	rice Road B	r county) State)
D.	ATE RECEIV	ED BY REGISTRA	R'S SIGNAT		29 FUNERAL DIRECTOR		ADDRESS S
_	VS 150	.40.1	(4)		morna villa	The state of the s	week of
					U	V	83a



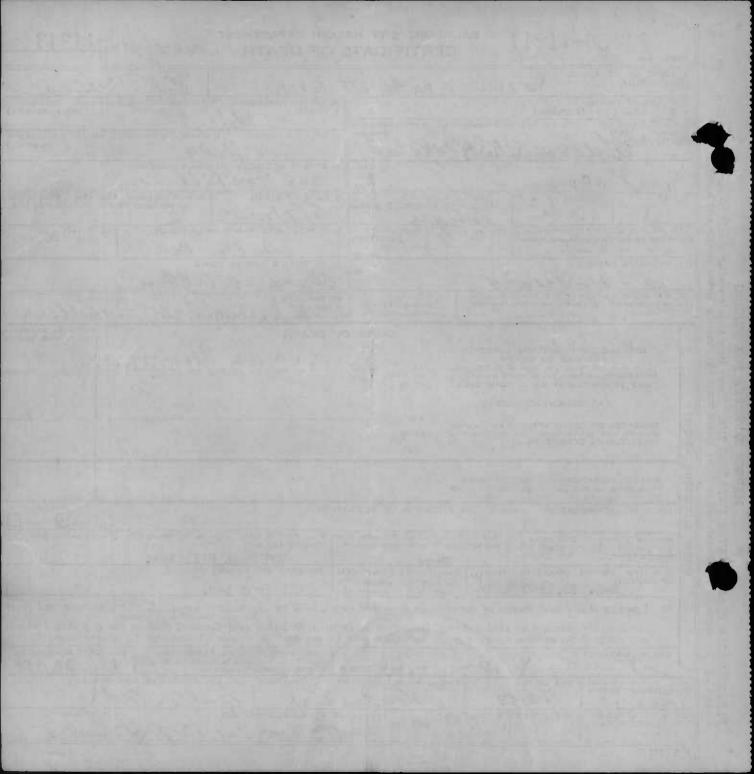
the brain? If so, mother the primary site?

If secondary, please spenty the primary site, if human.

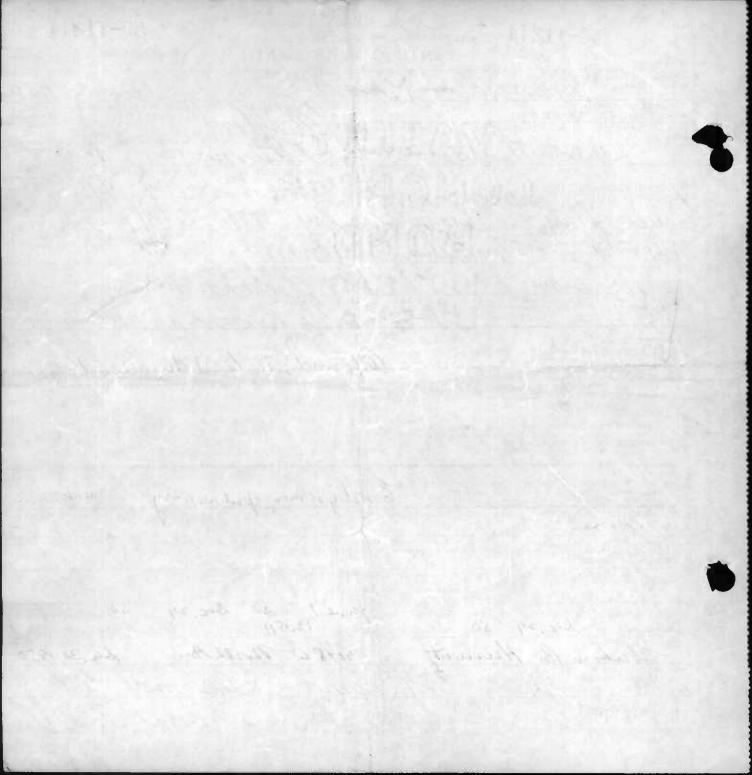
"No pathological confirmation of findings - primary site probably in brain"

See Document File 50-11242

2/21/51 ES



12-	10	50 14944		50 - HPET	1744	
			EALTH DEPARTMENT			
The	BI	CERTIFICAT	E OF DEATH	Registered No.		
		NAME OF DECEASED AWAY Print)	wn	2. DATE OF DEATH	29.1950	
pplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USTAL BESIDENCE (W	liere deceased lived. It inst	titution : residence before admission)	
F	В.	FULL NAME OF (If not in hospital of institution, give street address or OSPITAL OR location)	Maryland	1		
7		3025 Hindson Ave	Latin	butside corporate limits, w	township)	
car	c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If the state of the state	rural, give location)	1	
be nd 1	7	195EX 6. COVOR OF RACE 7. SINGLE MARRIED, WIDOWED O VORCED (Specify)	8. DATE OF BIRTH		er I Year If Under 24 Hours	
should be	11	all must manuel	May 8.1879.	11/2	s Days Hours: Min.	
n shoul	7//	A. USUAL OCCUPATION Wave studed 10st KIND OF BUSINESS OR INDUSTRY AGNT WALL MAY 10st KIND OF BUSINESS OR INDUSTRY 10st KIND OF BUSINESS OR INDUSTRY	14. BUTHPLACE (State or fo	reign county 12	. CITIZEN OF WHAT COUNTRY?	
atic	13	FATHER'S NAME WELDING SHOP	14. MOTHER'S MAIDEN ME	AME		
orm	15	Manne	_ who	nom		
BINDING of inform uses of dea	(Yo	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 219-22-3686	17. MERMANT	ADDI	RESS/	
C =		18. 420.0 CAUSE	OF DEATH	1188011	INTERVAL BETWEEN	
FOR item		DISEASE OR CONDITION DIRECTLY		* 1 -	ONSET AND DEATH	
# P#		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	crusclistic hea	of Assease	10 yrs.	
Ever Write	injury or complication which caused death.) DUE TO					
K.	7	ANTECEDENT CAUSES				
RESERVED INK. Ever please write	10	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
NG NG S:	CAI	UNDERLYING CONDITION LAST, (C)		*****		
RGI ADI cian	LIFI	11				
MARGIN UNFADING Physicians:	ERTI	OTHER SIGNIFICANT CONDITIONS CON-	la sema 1 la		unknown	
	U	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OFER	ATION PULL	nonwon	20. AUTOPSY?	
WITH rtant.	CAL	Money		/	YES NO	
, WITH	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of death		f in Baltimore City, give	exact location)	
	2	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY	OCCUR?		
LA		m. WHILE AT NOT WHILE MY NOT WHILE AT WORK				
PE PE		22. I hereby certify that I attended the deceased from	re/ ,100/to le	4c. 29 , 1950, t	hat I last saw the	
ITE			red at 12 5 An., from the		date stated above.	
WRI e is		Abraham B. Mirwith, M.O. 3	et8 w. north	Am de	2,30,1950	
SE W	24 F(AA. BURIAL, CREMA- 24B. DATE 240 MAME OF CEMETS	RY OR CREMATORY 24D. LC	OCATION (City, town, or	county) (State)	
PLEASE WRITE correct age is est	0	ATE RECEIVED BY RECISTRAR'S SIGNATURE	MUL DIAL BURBETOR	umoy	1110	
PL	LC	JAN RE 251931 / hutugton Miliama, 11.	25. PANSRAL DIRECTOR	12/1/1	DORESS Zad	
	=	VS 150		141	920	
		16584			1-1	



2. DATE DEATH Vecember 2 9 1950 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) 9. AGE (in years) last birthday) Months: Days Hours; Min-

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

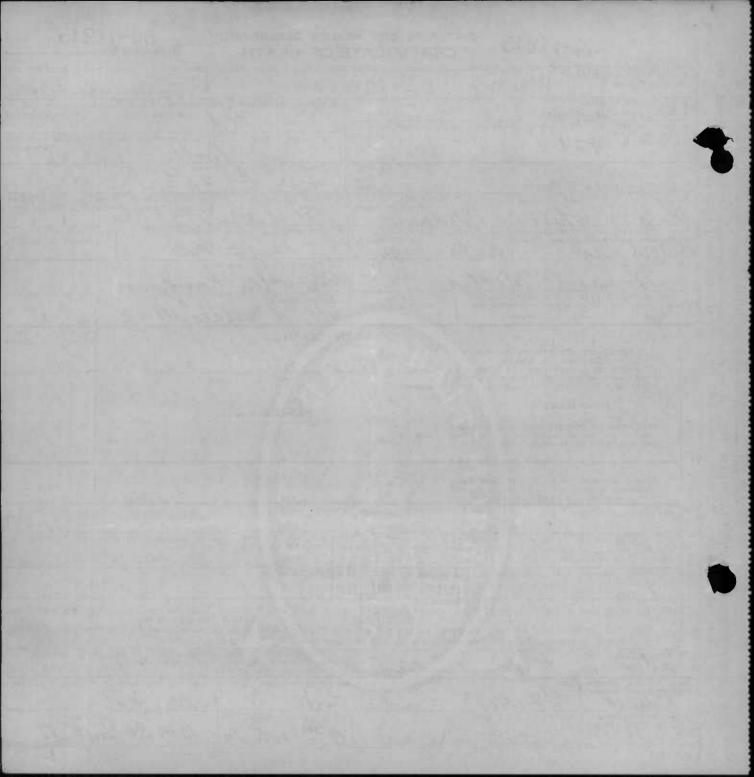
(If in Baltimore City, give exact location)

thereon and from

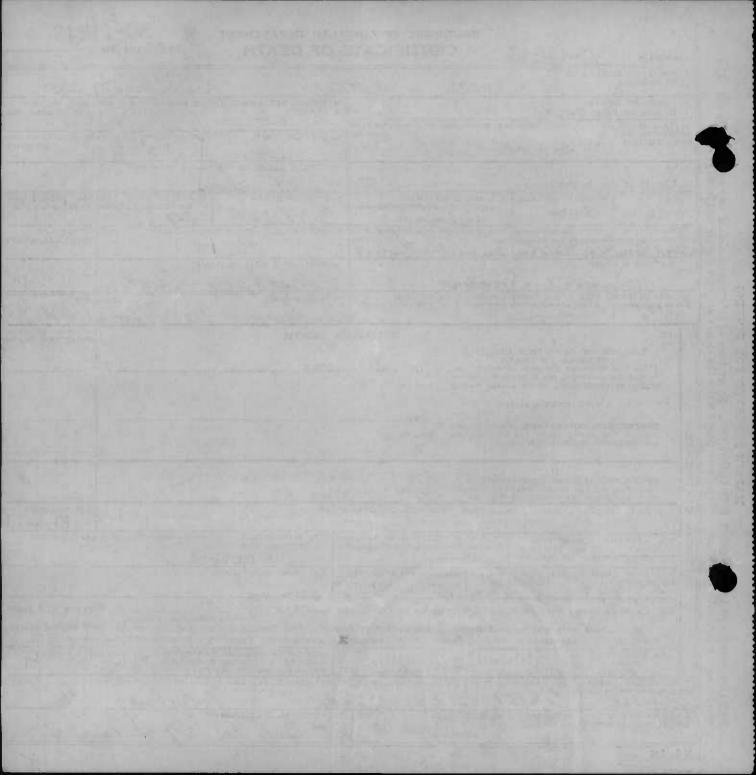
20. AUTOPSY

December 30, ASO

151



RESERVED



ONSET AND 20. AUTOPSY (If in Baltimore City, give exact location) . 1950 that I last saw the 23c. DATE SIGNED -30-50 24D. LOCATION (City, town, or county) 515 4R

30, 1950

township)

If Linder 24 Hours

WHAT COUNTRY?

1303 B. Mr. man sh 182 man of the same of 1.303/A. John william at M4158 the property of A MAZANZA WA Sales of the sales Marthacise action Charles & Round the state of the state of the Agreed on the second of the se

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50-517-11248

BALTIMORE CITY HEALTH DEPARTMENT						
BIRTH NO.50-11248 CERTIFICATI	E OF DEATH Registered No.					
1. NAME OF DECEASED (Type or Print)	2. DATE OF 12 /2 /2					
(Type or Print) MRS. MARGAROT E. KLC/ 3. PLACE OF DEATH:						
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) Md. Balto.					
HOSPITAL OR location)						
h301 Hamilton Ave.	Baltimore 6 townshlp)					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days	7840 Belair Road					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min.					
female white widowed	Dec. 31, 1862 87					
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
housewife own home	Iowa USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
John Zimmerman	Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Md.					
no none	Mrs. Carroll Smith, 7838 Relair Rd. Balto. 6					
18. 443x . CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dying, e.g.,	ulmman (ledena I day.					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	Disease					
ANTECEDENT CAUSES	io - Vascular Hupertensin 1 2 years					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.	Leur lerasia, 2 years					
0						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?					
	YES NO					
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e						
tal almos on continuo	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
CAUSE OF DEATH	INJURY OCCUR?					
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?					
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?					
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21. I hereby certify that I attended the deceased from	ED 21F. HOW DID INJURY OCCUR? 10. 5. 1950 to Dec. 30, 1950, that I last saw the					
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21. I hereby certify that I attended the deceased from	ED 21F. HOW DID INJURY OCCUR? 10. 5. 1950 to Dec. 30, 1950, that I last saw the					
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21. I hereby certify that I attended the deceased from deceased alive on 22. I nad that death occur	ED 21F. HOW DID INJURY OCCUR? 10. 5. 1950 to Dec. 30, 1950, that I last saw the					
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 1950, and that death occur 23A. SIGNATURE M. D.	ED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 25, 1959 to Dec. 30, 1959, that I last saw the cred at 1.12 m., from the causes and on the date stated above. 38 ADDRESS 23C. DATE SIGNED 12/30/50					
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 23A. SIGNATURE 23A. SIGNATURE 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE WORK 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE WORK 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from deceased alive on 23A. SIGNATURE 22. I hereby certify that I attended the deceased from deceased alive on 23A. SIGNATURE 23A. SIGNATURE	ED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 25, 1959 to Dec. 30, 1959, that I last saw the cred at 1.12 m., from the causes and on the date stated above. 38 ADDRESS 23C. DATE SIGNED 12/30/50					
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 22. 1950. and that death occur 23A. SIGNATURE M. D. 24A. BURIAL, CREMA-1 24B. DATE 124C. NAME OF CEMETE	INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f. How DID IN					
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 2. 19.50. and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) Durial DATE RECEIVED BY REGISTRAR'S SIGNATURE AND ALIVE TRANSPORTED TO THE TRANSPORTED	ED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23F. Application of the data of the data stated above. 23B. ADDRESS 23C. DATE SIGNED 24636 Belsix Road 12/30/50					
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 29, 1950, and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) burial 21E. INJURY OCCURRING WHILE AT WORK 11 NOT WHILE WORK 12 NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 20 24C. NAME OF CEMETE 124C. NAME OF CEMETE	ED 21F. HOW DID INJURY OCCUR? 21.5 , 1959 to Dec. 30 , 1959, that I last saw the red at 12 m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 12/30/50 RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Balto. Md.					

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AND DEED

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2, DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN tlf outside corporate limits, write ItURAL and give INSTITUTION Yrs. D. STREET ADDRESS rive location Mos. c. Length of stay in Baltimore Days and 6. COLOR OF RACE 7. SINGLE, MARRIED 9. AGE (In years last birthday) Months: Days Hours: Min. WIDOWED, DIVORMED (Specify) information should 10a. USUAL OCCUPATION (Give kind of working lifereven if retired) KIND OF BUSINESS OR ACE (State or foreign country) work done during most of working lifereven if retired) INDUSTRY Work House 13. FATHER'S NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, po or unknown) (If yes, give war or dates of service) SECURITY NO causes item CAUSE OF DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Every te heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) WEI DUE TO ANTECEDENT CAUSES r INK. O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. 0 U 11 RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION WITH important. V DIC 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? u 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially NOT WHILE WHILE AT PLEASE WRITE PLA AT WORD WORK 22. I hereby certify that I attended the deceased from. deceased alive on Que 3 _, 1950, and that death occurred at 23A, SIGNATURE-23B. ADDRESS 20 age 24B, DATE TION, REMOVAL (Specify) LOCAL MECIS REGISTRO REGISTRAR'S SIGNATURE VS 150

ADDRESS ONSET AND DEATH 20. AUTOPSY (if in Baltimore City, give exact location) ... that I last sure the A: m., from the causes and on the date stated above.

before admission)

It Under 1 Year

township)

I II Under 24 Hutes

12. CITIZEN OF WHAT COUNTRY!

Dr anderson

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pplicd.

, WITH UNFADING INK. Every item of information should be car bortant. Physicians: please write the causes of death clearly and legib

PLEASE WRITE PLA

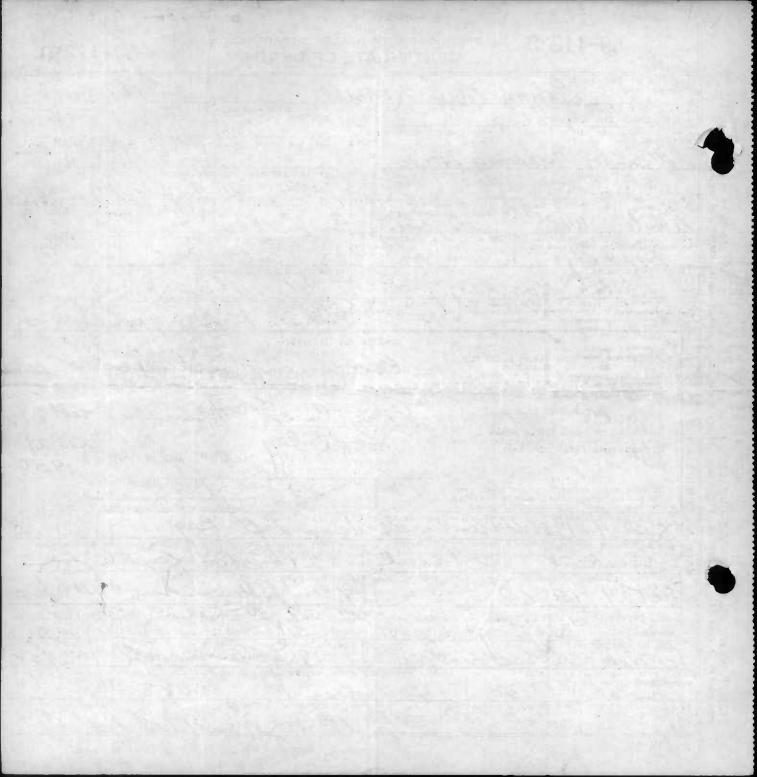
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MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.						
	NAME OF DECEASED hype or Print)	2. DATE /2/26				
	Xauna May 1 Ens	15 DEATH / 77/50				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE B. COUNTY before admission)				
	FULL NAME OF (If not in hospital or institution, give street address or					
	OSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
1/2	Windsor Mursing House	Balto 10-06				
4	3025 Windles and Yrs.	D. STREET ADDRESS (If rural, give location)				
C.	Length of stay in Baltimore Days	2847 W. La Luyette We				
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORSED (Specify)	8. DATE OF BIRTH 9. AGF (in years II Under I Year II Under 24 Heurs last birthday) Months; Days Hours Min.				
1	Emale White Widowed	gug 6th 1866: 84				
10	OA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR k done during most of working life, eyen if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	House with Own Home	Balto: Md.				
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Philip Woodlages	Rebecca (Unknown)				
1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS				
(Ye	(If yes, give war or dates of service) SECURITY NO.	DI:0.1 & V				
-	70	111-16-1 - 16/10 -01/20 - W/4/1/11 - W/				
	18. E 903.0 CAUSE	OF DEATH INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and Declarate				
	(This does not mean the mode of dying, e.g.,	cocar Coccusion				
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
	ANTECEDENT CAUSES	2 10(4)				
Z	(B) Theo	reluel Themen 2007 27				
9	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	0000				
1	UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY				
H	(c)	1950				
E	11	Mauley 18- Nunlachen				
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	M. D.				
0	TO THE DISEASE OR CONDITION CAUSING IT.	RATION PASST MEDICAL EXAMINER.				
A	Xel 4-1950 Ottoslines 4	enu tell keg YES NO M				
EDIC	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., HOMICIDE (Specify) about home (upfn, factory, street, office bldg.,	in or 21C, WHERE DID (If in faltimore City, give exact location) etc.) INJURY OCCUP?				
	Saciled Name	28472 Appagelle fre				
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR					
	25 129-1950 - 60 m. WHILE AT NOT WHILE AT WORK AT WORK	I supposed on my + fell to floor				
	deceased alive on 122. I hereby certify that I attended the deceased from deceased alive on 122. 19. To, and that death occu					
		238. ADDRESS ALL OF THE date stated above.				
	Dologo States M.D.	1219 Justan Zone de 12/30/50				
1/2	44 BURIAL, CREMA 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATERY 24D. LOCATION (City, town, or county) (State)				
4	Bureal 1/2/51 Cather	land Balto, Md.				
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
1	OCAL REGISTRAR	11 M Cont Sug 1217 St P. 1 ct				
11_	JAN / 1951	of and in order of				



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	INK.	please
	WITH UNFADING INK. Every item of information should be care	Physicians:
	WITH	tant.

13.	650			30-11:	
		50-11251		HEALTH DEPARTMENT ATE OF DEATH Registered	-11251 No.
Je Je	BIRTH NO.		<u> </u>		
The	1. NAME OF (Type or Print)			2. DATE OF	
73		RAYMOND	BROWN	DEATH Dece	ember 29, 1950
plied.	3. PLACE OF A. Baltimore	City, Maryland		4. USUAL RESIDENCE (Where deceased lived. I A. STATE B. COUNTY	f Institution : residence before admission
2	B. FULL NAMI		al or institution, give street addre		
40	HOSPITAL OR		locat	C. CITT ON TOWN	its, write RURAL and giv
	37	Provident I		Baltimore /3-	کی ت
pig				rs. D. STREET ADDRESS (If rural, give location)	
can		stay in Baltimore	D	ave 2524 Francis Street	
should be care	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Sp.	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Ionths Days Hours Min
ld	male	colored	Married	May 15, 1892 58 59	
shou		CCUPATION (Give kind of st of working life, even if retired)	108. KIND OF BUSINESS OF		12. CITIZEN OF WHAT COUNTRY
sh	Labo		Several	Harvland	U. S. A.
ion	13. FATHER'S			14. MOTHER'S MAIDEN NAME	
NDING information s of death ele	Hen	ry Brown		Ida Ridout	
NG orn de	15. WAS DECEA	SED EVER IN U.S. ARMEI		17. INFORMANT	ADDRESS
BINDING of inform	(Yes, no or unknows	n) (If yes, give war or date	s of service) SECURITY N	" Mrs Marie Brown 2524 Fr	
MARGIN RESERVED FOR I UNFADING INK. Every item Physicians: please write the cau	Z DISEAS OF UNDER UNDER UNDER TRIBUTII	ASE OR CONDITION LEADING TO DEA Jes not mean the mode of the complication which or complication which of the complication complication complication in the complication compl	TH of dying, e.g., ans the disease, caused death.) DUE TO SES F ANY, GIVING STATING THE AST. (C) ITIONS CON- NOT RELATED	ertensive cardiovascular diseasc	ONSET AND DEAT
M N'N	7	OF OPERATION 1	98. MAJOR FINDINGS OF O	PERATION	20, AUTOPSY?
	7				YES NO X
WITH ortant.	UNDERLYI	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.			give exact location)
I y brug	2 1D. TIME OF INJUR	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCU	HILE	
LA	22. I cer	tify that I took char	rae of the remains describe	ed above, held an Inquiry & Inspection	on thereon and from
PLEASE WRITE PLA	the e	vidence obtained by	said Autopsy, Inspection	Autopsy, Inspection or Inquiry or Inquiry, find that said deceased died on tuses [, accident [, suicide [], homicide [],	the day stated above
r WR	23A. SIGN	Illiam V	South	M.D. MEDICAL INVESTIGATOR	3c. date signed 12-29-50
SE	24A. BURIAL. TION, REMOVAL	CREMA: 24B. DATE /	24c NAME OF CEM	ETERY OR CREMATORY 24D. LOCATION (City, tow)	n, or county) (State)
EA	Burial	1-2-51	Mt. Aubur	n Cem. Baltimore-, 1	id.
PL	DATE RECEIV	ED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	JAN PEZ	951 June	water Miliams, Me	Mostrawees & Heres	8 W. Biddle St.
	V S 151		970	96	1. 92)

50-11252 Registered No

before admission)

If Under 24 Hours

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

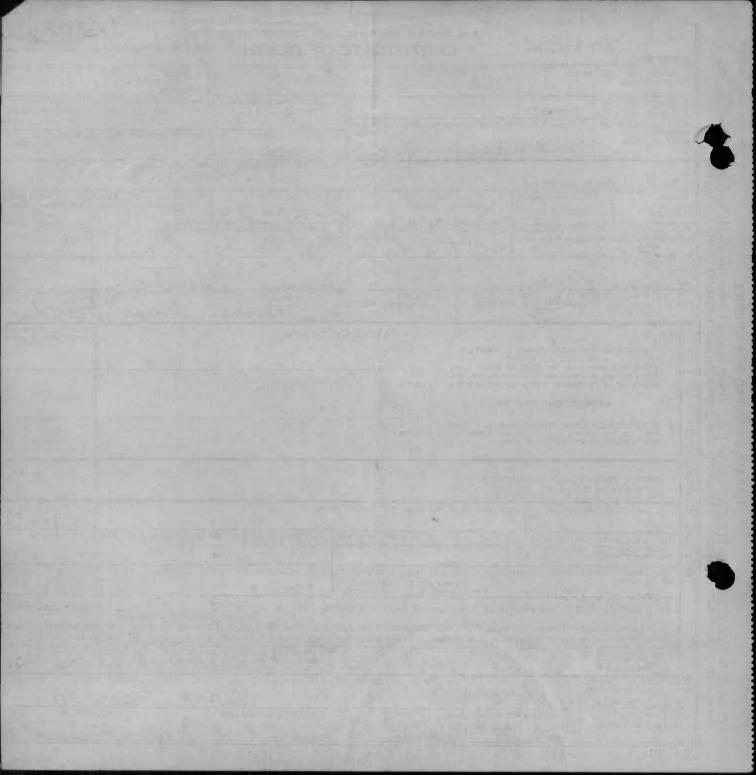
thereon and from

23c. DATE SIGNED

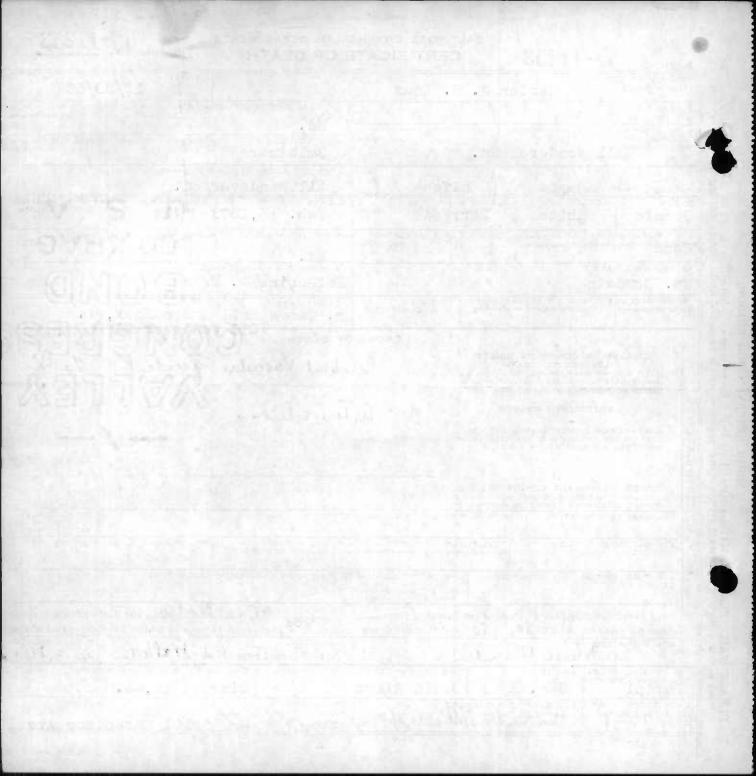
ADDRES

Dec. 30, 1950

12. CITIZEN OF



1	250				10-1125	3
١.		0-11253		E OF DEATH	Registered No	-11253
	NAME OF DE		on G. B. Knox		OF DEATH 12/3	30/50
Α.	PLACE OF DE. Baltimore Ci	ty, Maryland		4. USUAL RESIDENCE (W A. STATE Md.	here deceased lived. If in B. COUNTY	stitution : residence before udmissi
	FULL NAME OF STITUTION 21		al or institution, give street address or location		outside corporate limits,	write RURAL and towns
c.	Length of sta	y in Baltimore	Yrs. Mos. Davs	211 Wendover		
	emale	white	7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify	8. DATE OF BIRTH		nder Year H Under 24 h ths: Days Hours M
10 N	A. USUAL OCC	UPATION (Give kind of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNT
	m. Bowdo	· · · · ·		14. MOTHER'S MAIDEN NA Katherine G. I		
15 (Yes	, was DECEASED	EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Dr. James Hall	Mason Knox	DRESS T.
	18. 33/	*	CAUSE	OF DEATH	endover Rd	INTERVAL BETW
CATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
IFICA	PE 138	11	(C)			
CERTI	TRIBUTING	GNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED			
			198. MAJOR FINDINGS OF OPE	RATION		YES NO
EDICA	21A. ACCIDEN HOMICIDE	IT. SUICIDE. (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		f in Baltimore City, gi	ve exact location)
Σ	21b. TIME (MOTE INJURY	fonth) (Day) (Year	(Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK AT WORK		OCCUR?	
22. I hereby certify that I attended the deceased from 1945, to 1920, 1950, to deceased alive on 1950, and that death occurred at \$30 p.m., from the causes and on the control of the cont						
	23A. SIGNATI	intelled IV	Tuile M. D.	23B. ADDRESS 311 Broatfon R	d Balto12	23c. DATE SIGN
TIC	4A. BURIAL. CI ON REMOVAL (Sp BUrial	ecify)	2/51 Druid Ridge		SVILLE, Md.	
D.	ATE RECEIVED	BY REGISTRAR	-fr- 1/1/10 11 m	25 FUNERAL DIRECTOR		address
	VS 150		4 .	7	Lact Danie	AVE



Registered No.

12-30-50 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give

> 12. CITIZEN OF WHAT COUNTRY?

> > ONSET AND DEATH

MONTH

MULBERRY 9. AGE (In years | If Under 1 Year | If Under 24 Hours

PAYNE

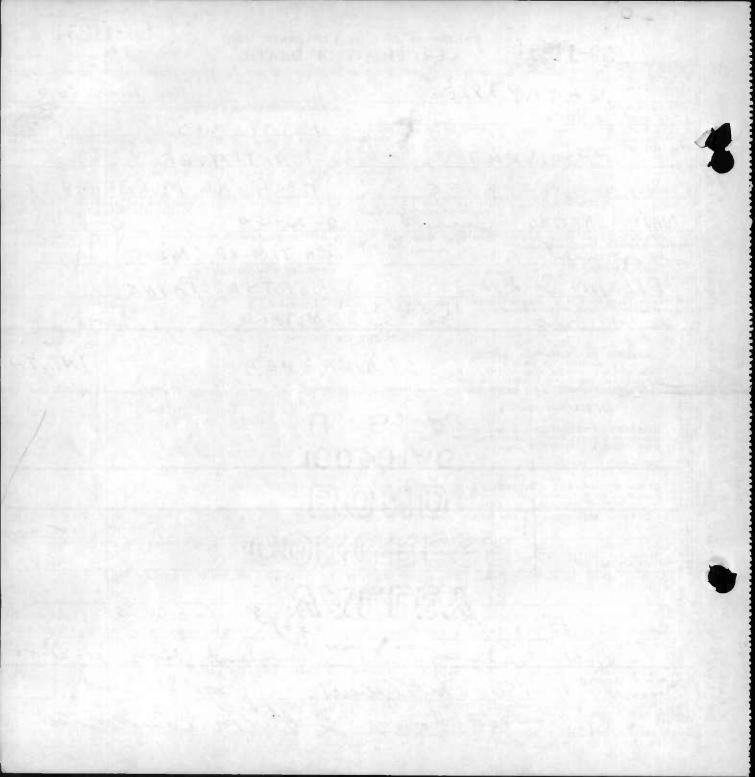
SAME INTERVAL BETWEEN

12-31-50

ADDRESS

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23c. DATE SIGNED



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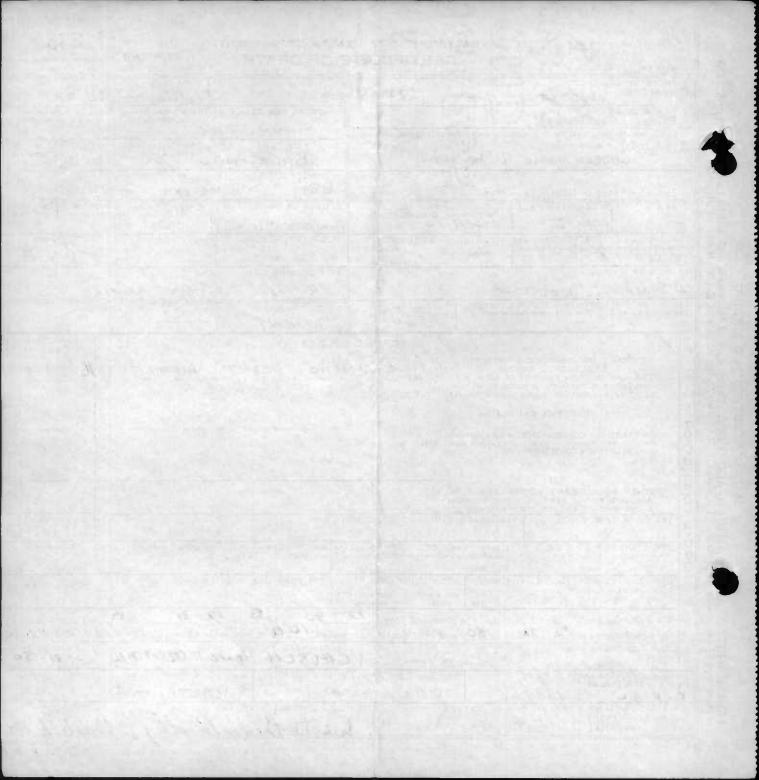
BALTIMORE CITY HEALTH DEPARTMENT

50 - 11255 Registered No.

1	1. NAME OF DECEASED (Type or Print) WEDSTER, MRS DEATH 2. DATE OF DEATH 12. 31. 50.						
							31,50
		EATH: City, Maryland		Carrotter.	4. USUAL RESIDENCE (W	here deceased lived, If in B. COUNTY	
	B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospi		ion, give street address or location)	C. CITY OR TOWN (If	outside corporate limits,	write RURAL and give
	3. CH	WRCH INOME	1 HOSP	אַרוּ וּ		6 22-21	o= o (township)
		tay in Baltimore	LIFE	Days	D. STREET ADDRESS (If I		ENVE
	5. SEX	6. COLOR OR RACE		MARRIED. ED.DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday) Mont	ths Days I Under 24 Hours Hours Min.
5	10A. USUAL OC ork done during most	CUPATION (Give kind of working life, even If retired,	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 1	2. CITIZEN OF WHAT COUNTRY?
-	13. FATHER'S				14. MOTHER'S MAIDEN NA	AME	0, 5, 13
	DISHMAN			D	ERUIN , +	TARY LOVI	SE.
	15. WAS DECEASE Yee, no or nnknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT PATIENT	ADI	DRESS
	18. 4/	6 × ,		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does heart failu	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which	TH of dying, e.g ans the disease	e.	NATIC HEART	DISENSE	16 YEARS
	RISE TO T	ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L	IF ANY, GIVIN				
-11-1	■ TRIBUTING	TO THE DEATH, BUT	CANT CONDITIONS CON- E DEATH, BUT NOT RELATED OR CONDITION CAUSING IT.				
	19A. DATE C			FINDINGS OF OPER	ATION		20. AUTOPSY?
	21A. ACCIDE HOMICIDE	INT, SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		f in Baltimore City, giv	ve exact location)
	OF INJURY	Month) (Day) (Year	m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK			
	deceased at	ive on 12 3A	tended the	deceased from 12 and that death occur	red at 10 a.m., from th	$\frac{2 \cdot 3}{1957}$, he causes and on the	that I last saw the date stated above.
	23A. SIGNA	1 Jakan	. Al	alon M. D.	CHURCH HONE		23c. DATE SIGNED
	HON, REMOVAL (S	1/3/0	57	OAKLAN		ALTO, Md.	
	DATE RECEIVE	RARI	SSIGNATU	Yollianus, M	25. FUNERAL DIRECTOR	Budley , &	Durdall, My

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FOR BINDING

RESERVED

MARGIN

	3350	6
	50-11256 BALTIMORE CITY HEALTH DEPARTMENT Registered No.	256
-	IRTH NO.	
	Part of Deceased John S. Button Sp. 2. Date Of December 1	4en 30
A. B.	PLACE OF DEATH: Baltimore City, Maryland Company Compa	before admission
C	Length of stay in Baltimore Yrs, D. STREET ADDRESS If rural, give location) Days Days	
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (In years) It Under last birthday) Months:	1 Year Hours 24 Hours Days Hours Min.
vor	Salesman Towell Les No Port Loboro - Clar Co No.	CITIZEN OF WHAT COUNTRY
	APPRILATED TO THE STATE OF THE	
Ye	MAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	no App
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) CANCER OF The Stomach	Hmutts
	injury or complication which caused death.) OUE TO WITH METASTESES To live R	
7	ANTECEDENT CAUSES AWD INTESTINES.	
ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
E E	(C)	
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	
ALC	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION September, 1950 Wide spread (Awcer starting in Abduncy	20. AUTOPSY?
EDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give of the bldg., etc.) INJURY OCCUR?	7.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED

WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 17, 1950, to December 1950, that I last saw the

eccased alive on Dec 27, 19 90, and that death occ	curred at 2.357m., from the	causes and on the date stated above.
3A. SIGNATURE	238. ADDRESS	TO. 23C. DATE SIGNED

BURIAL CREMA-24B, DATE Specify)

NOT WHILE

E RECEIVED BY REGISTRAR'S S GNATURE

FUNERAL DIRECTOR

ADDRESS

VS 150

REGISTING

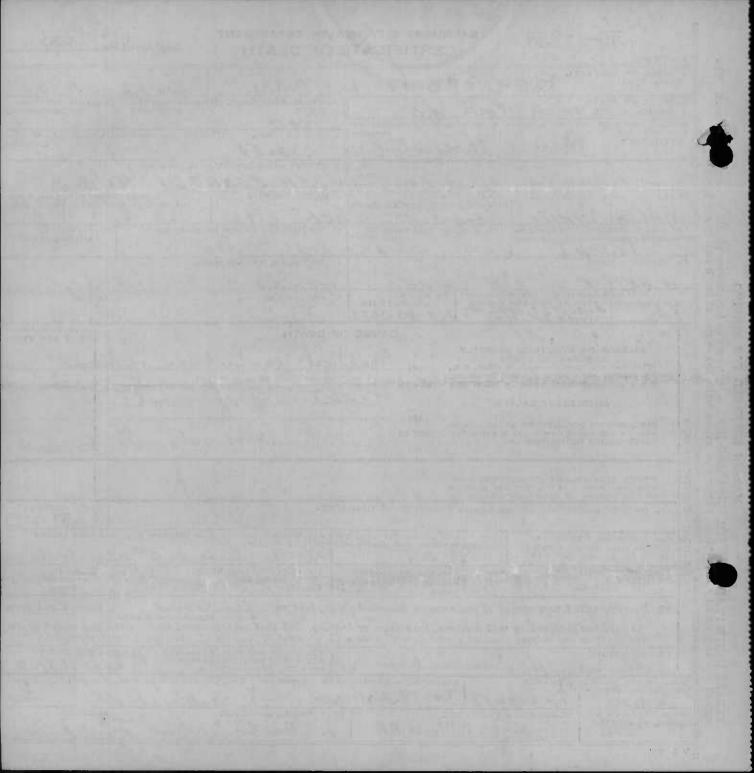
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Registered No.

2. DATE 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (Il rural, give location) 9. AGE In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. oreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS 20. AUTOPSY (If in Baltimore City, give exact location)

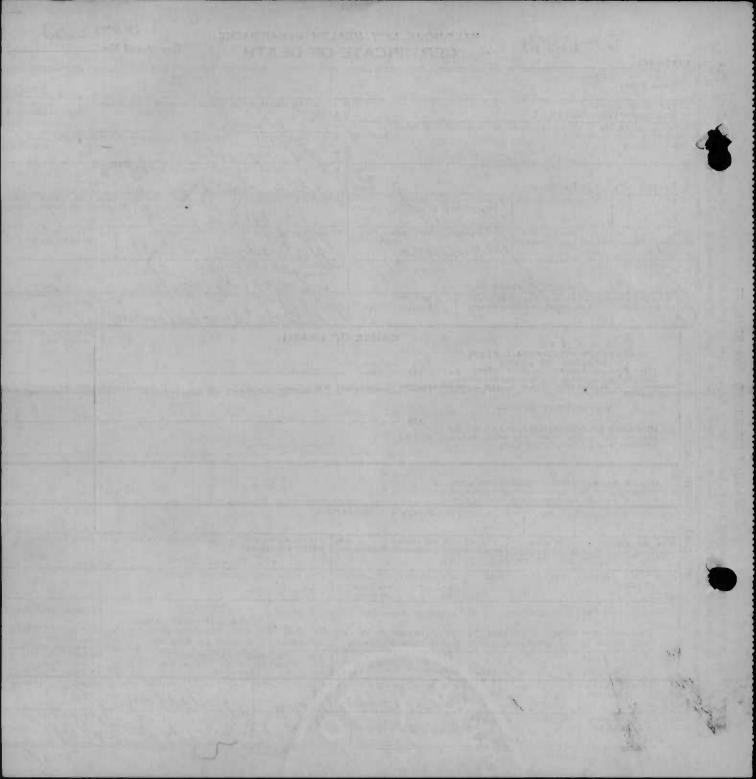
23c. DATE SIGNED

by proceed a 07.5 Marsi - 3.2M remediate to I come the same. In present sids steped sients 1 . Francisco s jove cult regulation · who I Ti redo est plaineres E property Some had palmed 21 list of the Branch See document file-50-11259 dell'adde - helpognett ganger pet our 1. 5- por lacute 14 person 3 max sate pellef 11 Dart



PLAIN	especially
WRITE	is esp
	age
PLEASE	correct age is

	550-11259 BALTIMORE CITY H	EALTH DEPARTMENT	50-11 505 1/1259				
	BIRTH NO. CERTIFICAT	CERTIFICATE OF DEATH					
	1. NAME OF DECEASED (Type or Print) FLLA JACKSON		2. DATE OF DEATH December 30, 1950				
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. VEUAL RESIDENCE	here deceased lived. If Institution: residence B. COUNTY hefore admission				
	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)		outside corporate limits, write RURAL and give				
	Prenclin Square Hospital	Sallimor	Call-04 township				
	Yrs. Mos.	D. STREET ADDRESS	rural, give location				
0	c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH	D. AGE (In years) If Under 1 Year If Under 24 Hours				
	female white Manuel (Specify	1912	last birthday) Months Days Hours Min.				
	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF WHAT COUNTRY				
	13. FATHER'S NAMEO	YAMOTHER'S MAIDEN A	AME				
	1. Al Jackson	Pertrudo Ka	innatus				
	(Yes, no or uoknown) (Yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17 INFORMANT	Bastanhara (
	DISEASE OR CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	rs of scall					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
	U 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION	20, AUTOPSY?				
ı	٦		YES X NO				
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, etreet, office bidgs.	in or 21c. WHERE DID (I otc.) INJURY OCCUR?	f in Baltimore City, give exact location)				
	UTING CAUSE OF DEATH. Found in rear yard Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE						
	Dec. 30, 1950 ? Am. WHILE AT NOT WHILE AT WORK						
	22. I certify that I took charge of the remains described	above, held an aut	thereon and from				
	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said de	Inspection or Inquiry eccased died on the day stated above \square , homicide \square , undetermined \square .				
	23A. SIGNATURE	238. CHIEF MEDICAL I ASSISTANT MEDICAL INVESTIGAT	EXAMINER 23c. DATE SIGNED				
	TA. BURIAL, CREMA- 248. DATE 24C. MAME OF CEMENTE		OCATION (City, town, or county) (State)				
1	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR V.S. 151	25. FUNERAL DIRECTOR	Monorey Sporess				
	We was	11 00 m	1 HIJY JONE D				
	VS 151 N-864.2		195E V				



RESE	INK.	; please
MARGIN	UNFADING	Physicians;
	WITH,	Proportant.
	PLAIN	ecially
	WRITE PLAIN	age is especially
	PLEASE	correct ag

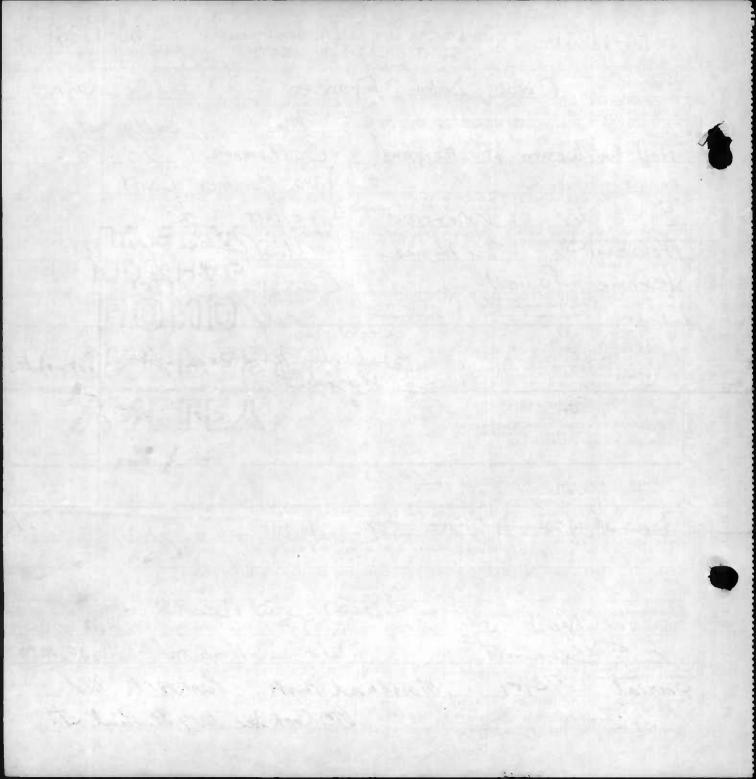
		EALTH DEPARTMENT 50-11260 F OF DEATH Registered No.
	BIRTH NO. 50-11260 CERTIFICAT	E OF DEATH Registered No.
	NAME OF DECEASED Type or Print) JOSEPHINE RESTIVO	2. DATE OF DEATH December 30, 1950
	B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
E 1	s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation NSTITUTION	Maryland Catterine
	Lutheran Hospital	Baltimore D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Yrs. Days	6220 Liberty Heights Avenue
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify married	8. DATE OF BIRTH 9. AGE (In years of blooder 1 Year of blooder 24 Hours of Min. Dec. 27, 1909 41 B. DATE OF BIRTH 9. AGE (In years of blooder 1 Year of blooder 24 Hours of Min. Dec. 27, 1909)
wo	10a. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR INDUSTRY houseville	11/BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	nugustina ?
G	(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Philip Restivo 6220 Liberty Heights
RTIFICATION	heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES TOXIC	encephalitis nic alcoholism nephròsis rcury poisoning
, П	TO THE DISEASE OR CONDITION CAUSING IT.	
AL C		YES NO
MEDIC	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21b. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg., home	6220 Liberty Heights Avenue 21F. How DID INJURY OCCUR?
	December 18, 1950 ? m. WHILE AT NOT WHILE AT WORK 22. I certify that I took charge of the remains described	, Callets
	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, is \square , accident \square , suicide \square , homicide \square , undetermined \square .
		238. CHIEF MEDICAL EXAMINER
g	24a. BURIAL, CREMA- JON, REMOVAL (Specify) 13/5/ 13/5/ 13/5/	hedral Satternoy Me
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25, EVERAL DIRECTOR ADDRESS ADDRESS ADDRESS
1	V S 151	77) _

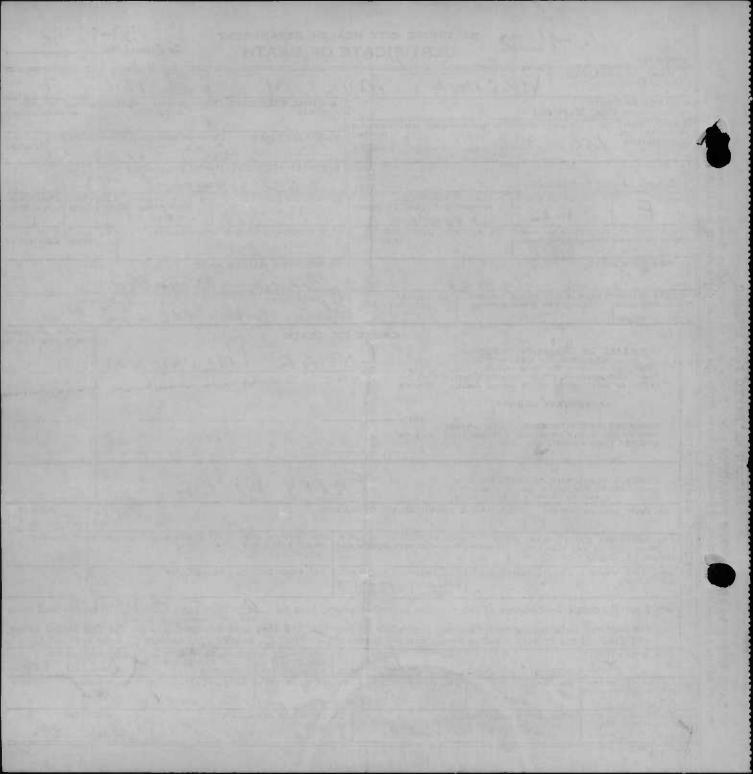
12	620	
1	50-1	1261
URTH	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	-11261	
R	egistered No.	
10	egistered 140.	ě

BIRTH NO.	RTIFICATI	E OF DEATH	Registered No.	
1. NAME OF DECEASED	_		2. DATE	
(Type or Print) Brooks Del	sie tr	ances	OF DEATH DEC	30,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If ins	
B. FULL NAME OF (If not in hospital or institution, given	ve street address or	mL	Batta	before admission)
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN	If outside corporate limits,	
Hosp for Women of Ma	ruland	Galtimor	e 25-	65 township)
41	Yrs.	o. STREET ADDRESS (I	f rural, give location)	
c. Length of stay in Baltimore	Mos. Days	1300 Hamm	ier Court	
5. SEX 6. COLOR OR RACE 7. SINGLE, MAR	RRIED.	8. DATE OF BIRTH		det I Year If Under 24 Hours hs: Days Hours: Min.
Mar Mar	ried	Hug 8, 1915	35	
10A. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired)	SUSINESS OR INDUSTRY	11. BURTHPLACE (State or	foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
Housewife Com Ho	me_	U.S/ca	Hern Justy	US COUNTRIT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	AME	
Verome Towell		Bessie	Carter	
	SOCIAL SECURITY NO.	17. INFORMANT	ADE	DRESS
Unknown -	SECORITY NO.	cell		
18. 252.0	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0.1	1 1	1 .11.	ONSE! AND DEATH
(This does not mean the mode of dying, e.g.,	(A) Cost-ape	reture bemon	rage after	minutes
heart failure, asthonia, etc. It means the discase, injury or complication which caused death.)	DUE TO the	noute tomy		
ANTECEDENT CAUSES				
	(B)			
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			
UNDERLYING CONDITION LAST.	(C)			
Ŭ.	(0)		***************************************	
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT.	INGS OF OPER			20. AUTOPSY?
77 7 10 - 1 1	2 Toxic	outer		YES NO X
O THE THE PARTY OF	F INJURY (e. g., in		(If in Baltimore City, giv	e exact location)
W CAUSE OF DEATH	tory,street, office bldg., e	tc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E. II	NJURY OCCURRI	ED 21F. HOW DID INJUF	Y OCCUR?	
OF INJURY WHILE A	NOT WHILE			
m. work	10	1950 to	Dec 30, 1950,	Alan A I land and Alan
deceased alive on 20, 195, and t	hat death occur		the engage and on the	data stated shows
23A. SIGNATURE		38 ADDRESS	the causes and on the	23c. DATE SIGNED
& 9 / Sennet	м. р.	Women's the	spital	Je30, 1950
24A. BURIAL, CREMA- 24B. DATE 24C. N		RY OR CREMATORY 24D.	LOCATION (City, town, or	county) (State)
Bunial /3/51	Marchan	d Park	Parkville	Mid.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	111	25. FUNERAL DIRECTOR	A	DDRESS
LOCAL REGISTRAR	Mariet, M.	Irm Cart 200	1217 St P.	1 st
V\$ 150		V- FULLIC	- 1au	
13 130			6	3 3
			O	





	d. The	
1	"Toplied	
OR BINDING	PLEASE WRITE PLAI 1, WITH UNFADING INK. Every item of information should be car.	correct age is especially misortant. Physicians: please write the causes of death clearly and legib
MARGIN RESERVED FOR BINDING	UNFADING INK. Every	Physicians: please write th
	I, WITH	umportant.
	PLEASE WRITE PLAI	correct age is especially

	3 6 50-11263 BALTIMORE CITY HE	EALTH DEPARTMENT 50-11263				
	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.				
	1. NAME OF DECEASED (Type or Print) Mr. John Brierley	2. DATE OF DEATH Dec. 31, 1950				
	S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission)				
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Marvland				
	St. Joseph's Hospital	Baltimore 27-10 township				
	c. Length of stay in Baltimore 30yr. Mos. Days	p. STREET ADDRESS (If rural, give location) 910 Beaumont Ave., Balto12 Md.				
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wale White Married	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours				
	10A. USUAL OCCUPATION (Give kind of work dooe during most of work log life, even if retired) Engineer Camp Meade	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	John Brierley	Unknown				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
	Yes W.W. I	Adelaide G. Brierley Same				
	18. 592 X CAUSE	OF DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	injury or complication which caused death.) OUE TO					
	ANTECEDENT CAUSES	rome glomerular				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-	ronie glomerular nepliritis				
	(c)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	eliopnemia				
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER					
	O 212 ACCIDENT SUICIDE 1 212 BLACE OF IN HIBY (YES NO X				
	218. ACCIDENT. SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., i obout home, form, factory, street, office bldg.,					
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY					
	m. WHILE AT NOT WHILE AT WORK					
,	22. I hereby certify that I attended the deceased from deceased alive on 12/31, 19 5 and that death occur	12/9/, 19 50to 12/31/, 19 50that I last saw the rred at 5:15Am, from the causes and on the date stated above				
		23B. ADDRESS 23c. DATE SIGNED				
	ROURT 2 Mily M.O.	1h00 N. Caroline Street 12/31/50				
	24A. BURIAL, CREMA- TION, REMOVAL (Specify)					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	E BALTO CO. MD				
	JAN - 2 1951 Martington Williams, M.	H.W. JENKINS & SONS CO. 4905 YORKRO				
	vs 150	1310				

HEART TO STARTHER TO The

1.	520	
	50-1	1284
BIRTH	NO.	That's F

CERTIFICATE OF DEATH

Registered No. 1264

-					
	1. NAME OF DECEASED (Type or Print) My 5 Dog 2 Clay Child		2. DATE OF	0.50	
	S. PLACE OF DEATH:	4. USUAL RESIDENCE (Whe	re deceased lived, If insti	tution: residence	
	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	B. COUNTY	before admission)	
	HOSPITAL OR location)		tside corporate limits, wi	ite RURAL and give	
	24 DON SELOURS HOSPT	BACTO.	20-07	township)	
	Less Yrs. Mos.	D. STREET ADDRESS (If run			
	c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.	B. DATE OF BIRTH			
	WIDOWED, DIVORCED (Specify)	8-26-15	last birthday) Months	Days Hours Min.	
-	IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or forei	ign country) 12	CITIZEN OF	
W	ork dooe during most of working life, even if retired)	M	12.	WHAT COUNTRY?	
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAM	E		
	George Il Bock Iman	Unn 6. 4	loyle		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, oo or uoknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANTO	ADDR	ESS	
	(If yes, give war or dates of service) SECURITY NO.	Jas. G. Long 30.	4 hlennie	one St.	
	18. 0/6 X CAUSE	F DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				
	injury or complication which caused death.) DUE TO				
1	ANTECEDENT CAUSES				
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			***************************************	
OTIEITO		λ			
F	OTHER SIGNIFICANT CONDITIONS CON-				
L	TRIBUTING TO THE DEATH, BUT NOT RELATED				
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?	
A DIC	21a. ACCIDENT WAS LINDER. 21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If i	n Baltimore City, give	YES NO	
Cuy	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	to.) INJURY OCCUR?	n Daitimore City, give	exact location)	
"	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F, HOW DID INJURY C	CCUR?		
	m. WHILE AT NOT WHILE AT WORK				
	22. I hereby certify that I attended the deceased from 12 - deceased alive on 12 - 30, 1950, and that death occur 23A SIGNATURE	30 , 1956, to 12	- 30, 1950, th	at I last saw the	
	deceased alive on 12-3 , 1950, and that death occur	red at m., from the	causes and on the d	ate stated above.	
		en Secrus 9	ا مردها	2-30-50	
1	24A. BURIAL, CROMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOC	ATION (City, town, or c	ounty) (State)	
11/	Surial Jan. 3/5/ Dew Cat	tedral 43000	Rd Frede la	d. Ballo.	
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. PUNERAL DIRECTOR	AD	DRESS OF	
	JAN - 21951	Harrist Wit	Te. 41016	dmondes	
	VS 150	10		20 alu	



	d. The	
	"Upplied.	R
MARGIN RESERVED FOR BINDING	2	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
	PLEASE WRITE PLAI	correct age is especially important.

u) 160	50-11265		EALTH DEPARTMENT 5	0-j1265
В	RTH NO.		CERTIFICAT	E OF DEATH	
	NAME OF D		SARAH WEBBER	2, DATE OF DEATH	ec 30 1950
Α.		City, Maryland		4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY	If institution: residence before admission)
H	FULL NAME DSPITAL OR STITUTION	Of (If not in hospit	al or institution, give street address or location		nits, write RURAL and give township)
c.	Length of s	tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1009 W. North Ave.	
	sex female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Widowed	8. DATE OF BIRTH 9. AGE (In years last birthday) Sept. 12, 1892 58	If Under 1 Year If Under 24 Hours Months Days Hours Min.
worl	done during most	CUPATION (Give kind of of working life, even if retired) OKKEEPER	108. KIND OF BUSINESS OR INDUSTRY	N. Y.	12. CITIZEN OF WHAT COUNTRY
		llard Bradley		14. MOTHER'S MAIDEN NAME Ellen McKenna	
15 (Ye	. WAS DECEASE , no or nnknown)	ED EVER IN U, S. ARMEI (If you, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Wm. Hoffenberg - 1516	Appress Didg. Court Square
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO 1	SE OR CONDITION LEADING TO DEA's s not mean the mode of ore, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	DIRECTLY TH of dying, e.g., ns the disease, caused death.) DUE TO SES (B) FANY, GIVING STATING THE DUE TO	Conorory Thromb Wijosellodie Hear	INTERVAL BETWEEN ONSET AND DEATH
CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			ATION	20. AUTOPSY?
EDICAL		ENT. SUICIDE, (Specify)	9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg.,	in or 21C. WHERE DID (If in Baltimore City,	YES NO
MEL		(Month) (Day) (Year)		RED 21F, HOW DID INJURY OCCUR?	
	deceased a	live on Dec 30	, 192, and that death occu	rred at 6:00 Pm., from the causes and on	
	23A. SIGNA	Renkt a	linety M.D.	Sino, Kispilel	Dec 31 JO
	A. BURIAL. (S		24c. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, tow	n, or county) (State)

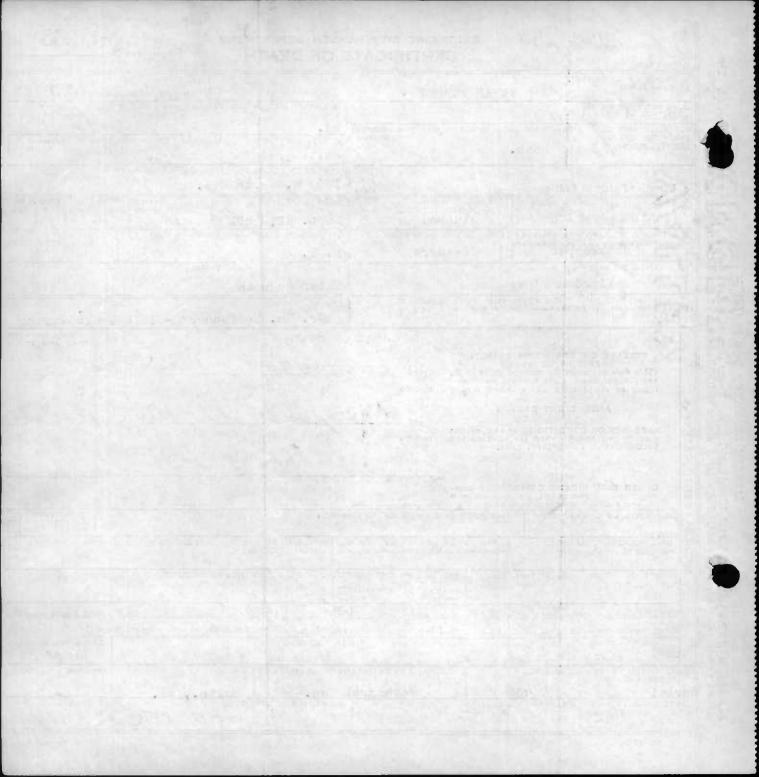
Burial DATE RECEIVED BY LOCAL REGISTRAN

REGISTRAR S SIGNATURE

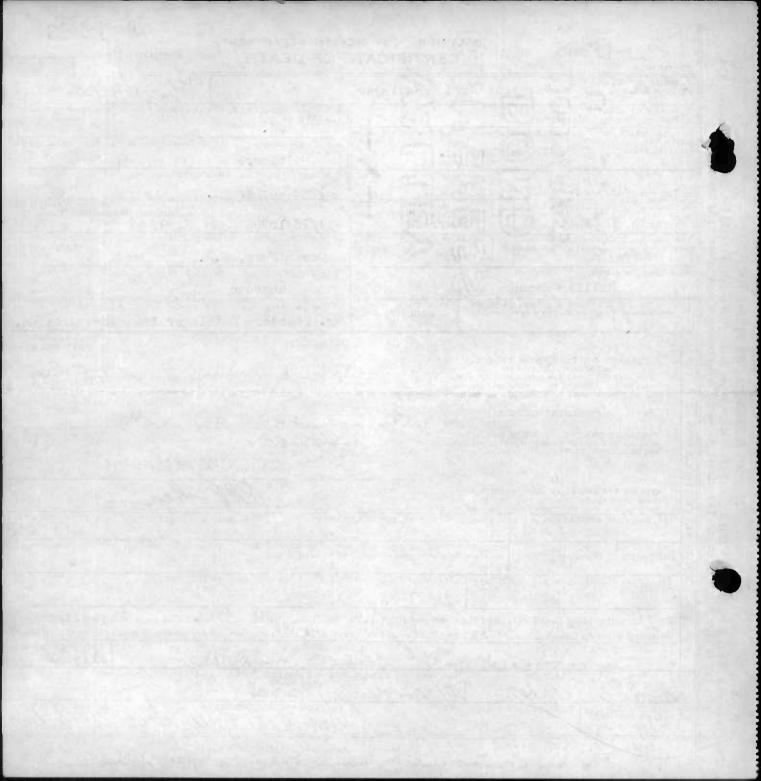
Tathedral Com. | Balto.,
25, FUNERAK DIRECTOR
Church

VS 150

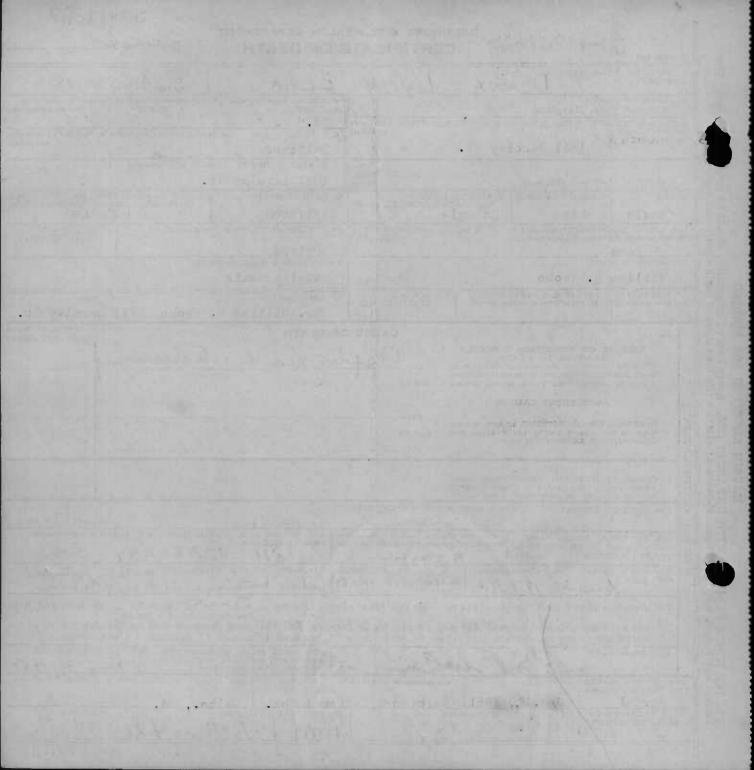
ADDRESS



1	50-11266	BALTIMORE CITY HE CERTIFICATE	70 11 12	17500			
1.	NAME OF DECEASED MONTH		2. DATE				
	ype or Print) Marg	aret Boyd Hessinger	OF 12/ DEATH 12/	30/50			
A.	Baltimore City, Maryland	tal or institution, give street address or	A. STATE B. COUNTY	before admission)			
H	SPITAL OR	arford Rd.	C. CITY OR TOWN (If outside corporate limit	s, write RURAL and give			
6	0		baltimore / 6 - 9 4	township)			
C.	Length of stay in Baltimore	Yrs. Mos. Days	1942 Mosher St.				
5.	SEX 6.COLOR OR RACE Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Mo	Under 1 Year Hours Hours Min.			
10	A. USUAL OCCUPATION (Give kindo)	Married 108. KIND OF BUSINESS OR	11/16/1879 71	12. CITIZEN OF			
worl	done during most of working life, even if retired HOUS SWITS	at home	Ocean Port, N.J.	WHAT COUNTRY?			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
15	William Rosc.		unknown				
(Ye	, no or unknown) (If yes, give war or dat	security No.	Mr. Theodore Hessinger 1652	DDRESS Shadvside Rd.			
	18.443 X	CAUSE	OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAU	ISES O+	Him (.U.) iskulou				
TION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L) STATING THE OUE TO	1 partero in				
ERTIFICA	UNDERLYING CONDITION L	A31.	CERTIFICATION APPROVED BY	1 19			
RTIF	OTHER SIGNIFICANT CONE	(C)	sel o				
CE	TRIBUTING TO THE OEATH, BUT TO THE DISEASE OR CONDITIO	T NOT RELATED	Off men M	D.			
AL	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPER	CHIEF OR ASST. MEDICAL EXAMINER.	20. AUTOPSY?			
EDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or location) about homo, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE						
	22. I hereby certify that I attended the deceased from 1948, to 2. , 1948, to 2. , 1950, that I last saw the						
	deceased alive on F.	, 19.50_, and that death occur	rred at 3:150, m., from the causes and on the	he date stated above.			
	23A. SIGNATURE	Som Gent son	4718 Idayla Rd.	12 3 LSD			
Z.	AA. BURIAL (RAMA 24B. DATE DU REMOVAL (Specify)	24c. NAME OF CEMETE Mendounid	RY OF CREMATORY 24D. LOCATION (City, town,	or county) (State)			
D	ATE RECEIVED BY REGISTRAR	to to Williams, M.	UM. L. CUCKNEW WORKS	Ha aves			
	1 2 100			000			



E2			SHE			50	-11287
BIRTH NO.	0-11267, K				ALTH DEPARTMEN OF DEATH	T Registered	No.
1. NAME OF E (Type or Print)	, , ,	VNA	LYA	/ <i>N</i>	ECHO	2. DATE OF DEATH	c 30, 1950
B. FULL NAME	City, Maryland	al or institut	ion give street	address or	4. USUAL RESIDENCE A. STATE Md.	(Where deceased lived, B. COUNTY	lf institution: residence before admission
HOSPITAL OR INSTITUTION	1811 Barc			location)		(If outside corporate lin	nits, write RURAL and give township
c. Length of	stay in Baltimore			Yrs. Mos. Days	D. STREET ADDRESS (
5. SEX female	6. COLOR OR RACE		e, MARRIED. PED, DIVORCEI		8. DATE OF BIRTH 12/1/1950	9. AGE (In years)	Months Days Hours Min
10A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)		OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S					14. MOTHER'S MAIDEN Estelle Seals	NAME	
15. WAS DECEAS Yes, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURIT	ry NO.	17. INFORMANT Mr. William	H Feeho 181	ADDRESS
RISE TO UNDERL	ANTECEDENT CAUSES OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II BIGNIFICANT CONDI G TO THE DEATH, BUT	F ANY, GIVIN STATING TH ST.	(C)				
TO THE E	SISEASE OR CONDITION	CAUSING I		F OPER	ATION		20. AUTOPSY?
UNDERLYIN UTING []	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	about home, f	CE OF INJURY arm, factory, etreet, or 21E. INJURY C	office bldg.,et	D 21f. HOW DID INJU	(If in Baltimore City, BARCLA RY OCCUR? mot	Y ST.
the ev	fy that I took char idence obtained by eath in my opinion	said Auto	psy, Inspect	ion or In	Autops, aquiry, find that said	de □, homicide □,	the day stated abov undetermined \square .
23A. SIGNA	CREMA- 24B. DATE	FN	elen 24c. NAME OF	- M. CEMETER	ASSISTANT MEDICA D. MEDICAL INVESTIG		Dec 30, 1950
Burial DATE RECEIVE	Jan 2	1951 S SIGNATU		re Nat	ional Cem Ba 26. FUNERAL DIRECTO	Ito., Md.	ADDRESS IS Bally
V S 151	1990.0	(2)			J	/	83 mil



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6	63 6 -11268
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ì	50-	I	1	Z	6

BIRTH NO.								
	1. NAME OF D (Type or Print)		, N 18 A	64	RRISH	2. DATE DECEM	bere 31	
	3. PLACE OF DA. Baltimore	City, Maryland			4. USUAL RESIDENCE	Where deceased lived, If inst.	itution: residence before admission)	
	B. FULL NAME HOSPITAL OR	OF (If not in hos	pital or instituti	on, give street address or	Maryland	Baltimore		
Ĭ	INSTITUTION I'I HE CREST SAWATAMIUM				c. CITY OF TOWN (If outside corporate limits, write RURAL and give township)			
1	1-A	DE Plan	P=0	7 - 10/ Yrs.	o. STREET ADDRESS (If rural, give location)			
l	c. Length of stay in Baltimore Days				Sherwood are.			
j	5. SEX 6. COLOG OR RACE 7. SINGLE, MARRIED. WIDDWED, DIVORCED (Specify)			8. DATE OF BIRTH	9. AGE (In years if Under last birthday) Months			
	Male	White	Wid	over	3/5/1866	84	Days Hours will.	
1	10A. USUAL OC work done by ring taget	CCUPATION (Give kind tof working life, even if retire	of 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 12.	CITIZEN OF	
1	Thelis		Carp	in Bry	Balto, bo,	Maryland 1	1.6.4.	
1	13. FATHER'S	NAME 'M	1 . 1		14. MOTHER'S MAIDEN'N	AME		
1		SEP EVER IN IL S ARA	APP FORCES?	16. SOCIAL	Carrena	Lowrey		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT	renter Pike	10/10 2. /	
	18. 42	0.0	4	CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEA	SE OR CONDITION	N DIRECTLY	Chre	DNIC MYOCHN	DITISAND	7	
	(This doe heart fail	LEADING TO DE es not mean the mod lure, asthenia, etc. It n	e of dying, e. g	(A)MY O	CHRDIAL De	yenerallon		
	injury or	r complication which	a caused death.	.) OUE TO			3	
	Z	ANTECEDENT CA	USES	Arteu	Riosclerotic H	east Disease		
ı	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
1	UNDERL	YING CONDITION			1 1 , +	- /	2	
1	UNDERL UNDERL UNDERL	11	Y COL	(c) UCHEM	RALIZED Arete	18,05 C/EROSIS		
1	OTHER	SIGNIFICANT CON			1.+.		7	
ı	TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONCITION CAUSING IT.							
١	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						YES NO NO	
ł	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., In or labout home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give blown) INJURY OCCUR?							
۱	About home, farm, factory, street, office bidg., etc.) INJURY OCCUR?							
	210. TIME OF INJURY	(Month) (Day) (Yes	ar) (Hour) 2	TE. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?		
m. WHILE AT NOT WHILE								
	22. I hereby certify that I attended the deceased from December 2719 49, to Dec 31, 1950, that I last saw the							
	deceased alive on Dec. 30, 1950, and that death occurred at 10.35 Pm., from the causes and on the date stated above.							
	23A. SIGNATURE Nelen 1 Briden M.O. 2030 W. famille free 1 5/ 5/							
1	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or courtion, removal (Specify)						county) (State)	
	Bury	0 1/4/	1951	Druid Phot	ge Ti	Resville Mi	d	
	DATE RECEIVE		R'S SIGNATU	. 15/11 ·	725. FUNERAL DIRECTOR	ell Pakenti	le & mod	
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BALTIMORE CITY HE	EALTH DEPARTMENT 50-11269						
BIRTH NO. 59-11269 CERTIFICATI	E OF DEATH Registered No.						
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH 1950						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give						
1229 n. Carry it	Balto 16-01 township)						
Yrs.	D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore 57 years. Days	1229 n. Carey st						
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Munder I Year last birthday) Months: Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
ork done during most of working life, even if retired) INDUSTRY							
13. FATHER'S NAME PRIVATE FAM.	14. MOTHER'S MAIDEN NAME						
William Perlain	Potto Robenson						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
SECORITI NO.	Harry-Perkin 1229 n. Careent						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Grathe Cumme						
TO THE DISEASE OR CONDITION CAUSING IF. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINIS 19B. MAJOR F							
D at the Blace of INDER (YES NO NEEDE DID. (If in Politimore City give exact legation)						
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) CAUSE OF DEATH							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?						
OF INJURY WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from the deceased alive on the 32, 1950 and that death occurred at 5 2, 1950, to file 30, 1950, that I last saw the deceased alive on the date stated above.							
deceased alive on Lee 30, 19 3 Pand that death occur	rred at 6 2 12 m., from the causes and on the date stated above.						
23A. SIGNATURE M. D.	238. ADDRESS 23c. DATE SIGNED 1-2-51						
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)							
Brind Jan 3, 1951 mt aubre	m was						
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS						

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Dr Penkney

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Every item of information should be ca	the causes of death clearly and legib.
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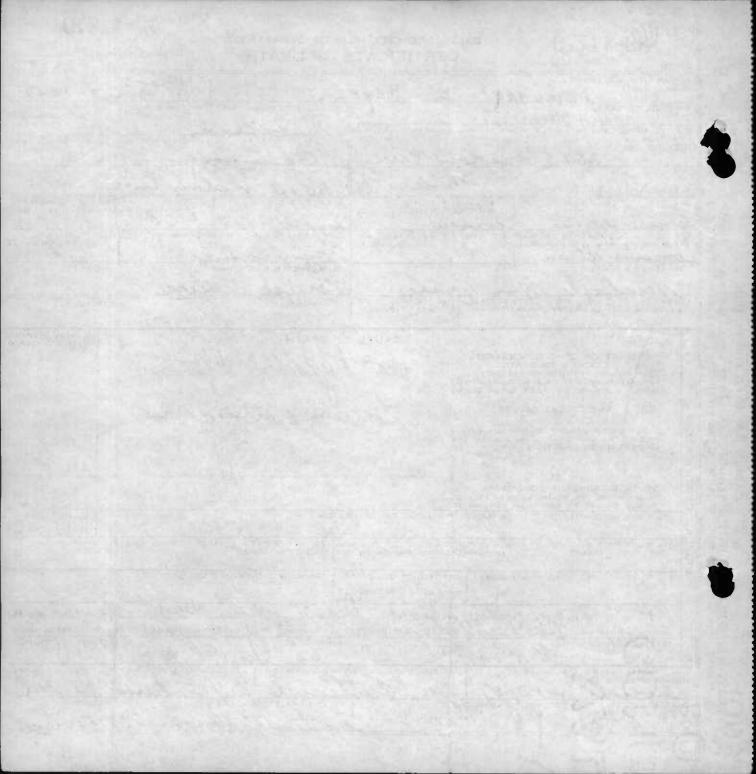
S	/60 50-11270
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BALTIMORE CITY HEALTH DEPARTMENT

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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) SEYFER. MARGARET DEATH Dec 31, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation ' CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township (If rural, give location D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore Days MARRIED 5. SEX 6. COLOR OR RACE If Under 1 Year 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) ast birthday) Months: Days Hours: Min. wa 31 10. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 108, KIND OF BUSINESS OR THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY INDUSTRY omesus Worker 13. FATHER'S NAME HER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or wokoown) (If yee, give war or dates of service) SECURITY NO NTERVAL BETWEEN 18.420,1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians RTIF (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19E. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21A, ACCIDENT, SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? Ш 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT WORK AT WORK 19 5, that I last saw the 22. I hereby certify that Lattended the deceased from. and that death occurred at 2 deceased alive on m .. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C DATE SIGNED AB. DATE 24c, NAME OF CEMETERY OR CREMATORY ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

VS 150



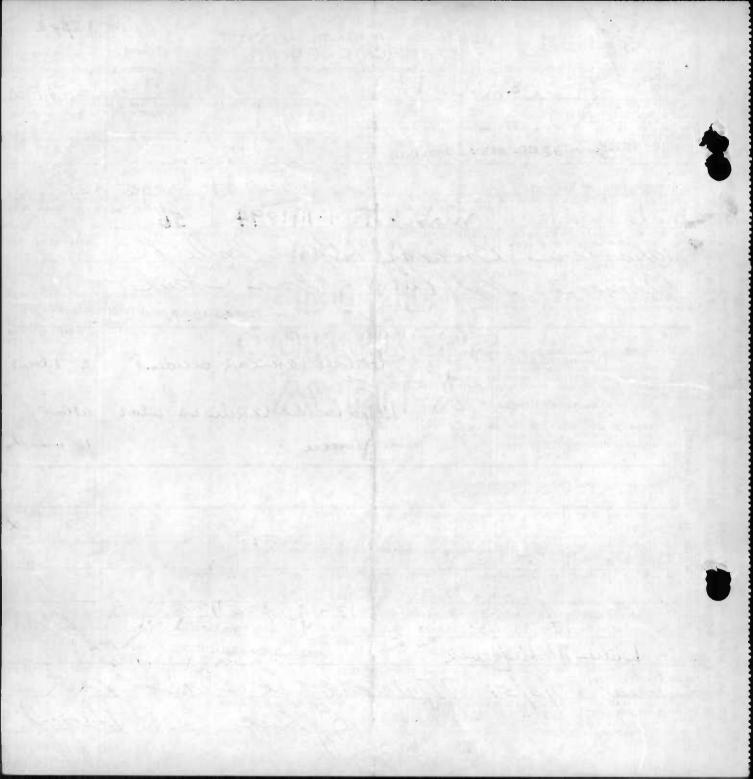
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-	11) 412	50·	-11271
	50-11271 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH Registered No.	
1	NAME OF DECEASED Type or Print) CAAA B. Walkill	2. DATE OF DEATH DEATH	31.1950
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution : residence before admission
11 1	OSPITAL OR location) NSTITUTION FILE JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits,	write RURAL and giv
	Yrs. Mos. Length of stay in Baltimore Days	5800 Halwyn a	me HALWYN
h	nale White Married (Specify)		der Veer If Under 24 Hours hs Days Hours Min.
wo	OA. USUAL OCCUPATION (Give kieded of k done during most of working life, eveo if retired) Allaman	THEIR Castle, Pa	2. CITIZEN OF WHAT COUNTRY
	Denjamen Walfkill	Clara Laul	
(Y	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADI	PRESS HOSPITAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	GRAL buscular accident	A 7 day
ZO		lensive Cardio vas enlar	atless
RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	iere.	18 km a
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.		
W .	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
IEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	o or 21c. WHERE DID (If in Baltimore City, given the.) INJURY OCCUR?	
2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK NOT WHILE M. WORK NOT WHILE	ED 21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 1 deceased alive on 12-31, 1950, and that death occur	P-19, 1950, to 12-3), 1950, reed at 950 km., from the causes and on the 3B. ADDRESS THE JOHNS HOPKINS HOSPITA	date stated above
NH2	4A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE 24C. NAME OF CEME		
101	ATE RECEIVED BY REGISTER'S SIGNATURE	25 FUNERAL DIRECTOR S305 /	Jarford

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50-11279 Registered No.

DEATH B. COUNTY before admission) If outside corporate limits, write RURAL and give (If fural, give location) II Under 1 Year If Under 24 Hours AGE (In years last birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? 20. AUTOPSY (If in Baltimore City, give exact location)

C. DATE SIGNED

ADDRESA

Dr. WM. Kammer 501 Sheridan Ave. Dr. Harding

1)2	50	
1	50-11274	

11/	250					A China A
	50-11274			ALTH DEPARTMEN	IT DU	-11274
BIRT	H NO.	CERT	IFICATE	OF DEATH	Registered	No
	ME OF DECEASED		K		2. DATE	1-1-
(Type	or Print)	izabeth	Dyas	on	DEATH 12	29/80
	ACE OF DEATH: Iltimore City, Maryland	02305 Edge	mont a.	4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution: residence before admission
B. FU		oital or institution, give str	cet address or location)	maryland	· · · · · · · · · · · · · · · · · · ·	
	ITUTION		iocacion /	Baltimore		nits, write RURAL and give township
000		*	Yrs.	70000	(If rural, give location)	.07
o I o	ength of stay in Baltimore		Mos.		semont aver	
5. SE				8. DATE OF BIRTH	9. AGE (In year)	If Under 1 Year H Under 24 Hours
	d c	WIDOWED, DIVOR		July 17,1894	54	Months Days Hours Min.
work doz	USUAL OCCUPATION (Give kind as during most of working life, even if retire	of 108, KIND OF BUSI	NESS OR INDUSTRY	Richmond	Co Va	WHAT COUNTRY
13. F.	ATHER'S NAME	14		14. MOTHER'S MAIDEN		1 00,00
	James Wo	ales		Minnis	MILIA	
15. W	AS DECEASED EVER IN U. S. ARM or unknown) (If yes, give war or de	ED FORCES? 16. SOC	IAL URITY NO.	17. INFORMANT		ADDRESS
,		320	OMITT NO.	John dys	m, 2305 Eo	Igement Ove,
18	. 422.2		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION		A	into the man	11 4-	~
	LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m	e of dying, e.g., (A)	N.	abetes Mee	lelus	2 des -
	injury or complication which		то			
	ANTECEDENT CA	USES				
NOIT	DISEASES OR CONDITIONS)		***************************************	
F	RISE TO THE ABOVE CAUSE (TO			
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RTIFIC	II	_(C))	yo cardel	d	ogi
ш	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BL	JT NOT RELATEO	1266	V		
0 -	TO THE DISEASE OF CONDITION	198, MAJOR FINDING	S OF OPER	ATION		20. AUTOPSY?
						YES NO
	1A. ACCIDENT, SUICIDE, OMICIDE (Specify)	218. PLACE OF IN about home, farm, factory, s	JURY (e. g., in treet, office bldg., e	or 21c, WHERE DID tc.) INJURY OCCUR?	(If in Baltimore City	, give exact location)
Σ	10. TiME (Month) (Day) (Yes	ar) (Hour) 21s. INJU	RY OCCURRE	D 21F. HOW DID INJ	URY OCCUR?	
	FINJURY	WHILE AT	NOT WHILE			
	2 I handles as dife. 42 at 7	m. WORK	AT WORK L	1-29 1949 10	12-29,19	50, that I last saw th
1 1	2. I hereby certify that I a cceased alive on 12-7-	19 So and that	310110	, 10, 00.		
	3A. SIGNATURE')	1 1		3B. ADDRESS	>	23c. DATE SIGNED
	WOO	Lugher	м. о.	8 25 n. 6	remont a	12/30/50
24A.	BURIAL, CREMA- 24B. DATE REMOVAL (Specify)	24C. NAVI	OF CENETE	RY OR CREMATORY 24	LOCATION UIty, tov	vn, or county (tate)
731	wide 1-3-	145/ 15/	uns	Clm.	sallo.	7/10/
LOC	RECEIVED BY REGISTRA		11 1/20	25. FUNERAL DIRECTO	DR 1 1/11.	ADDRESS 322
	JAN - 21951	theater Millian	we in	Mrs Katie K.	Ullians-	Schweder &

Service State of the Service of the Richmond a. 10 Russetts melletes Mayoraldes 25 ST EL MA SE TH 12-29 5 if I then from 8 vo m. Brewinder Walle

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Registered No. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rurai, give location last birthday) Months Days Hours Min. 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPS (If in Baltimore City, give exact location) thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above. and death in my opinion resulted from: natural causes Y, accident [], suicide [], homicide [], undetermined []. 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED LOCATION City, town, or county ADDRES

mr Johnsh Sist to 4920 5/11/51

50-11976

ALTH DEPARTMENT		10 July 10
E OF DEATH	Registere	d No.
unter	2. DATE OF DEATH	12-31-50
d. USUAL RESIDENCE (WA. STATE Ballo Cly C. CITY OR TOWN (If of the control o	B. COUNTY	before admission) mits, write RURAL and give township)
8. DATE OF BIRTH Meinh 1-1890	9. AGE (In years last birthday)	Months Days Hours Min.
11. BIRTHPLACE (State or for Author) 14. MOTHER'S MAIDEN NA	reign country) *	12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NA Inclus Read 17. INFORMANT	YE.	
Prestry met	Verter	1207 W Crowle
cute Heart	Falle	le Iday
one Myocarde	of Dis	end I year
tenocleoni :		5 yldes
RATION		20. AUTOPSY?
n or 21c. WHERE DID (I	f in Baltimore Cit	ty, give exact location)

218. PLACE OF INJURY (e. g., 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from Jan.

REGISTRAR'S SIGNATO

Dr. 31, 1950, and that death occurred at 11.25 m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE

30

238. ADDRESS

25. FUNERAL

LOCATION (City, town, or county)

21F. HOW DID INJURY OCCUR?

23c. DATE SIGNED

248, DATE 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

BINDING

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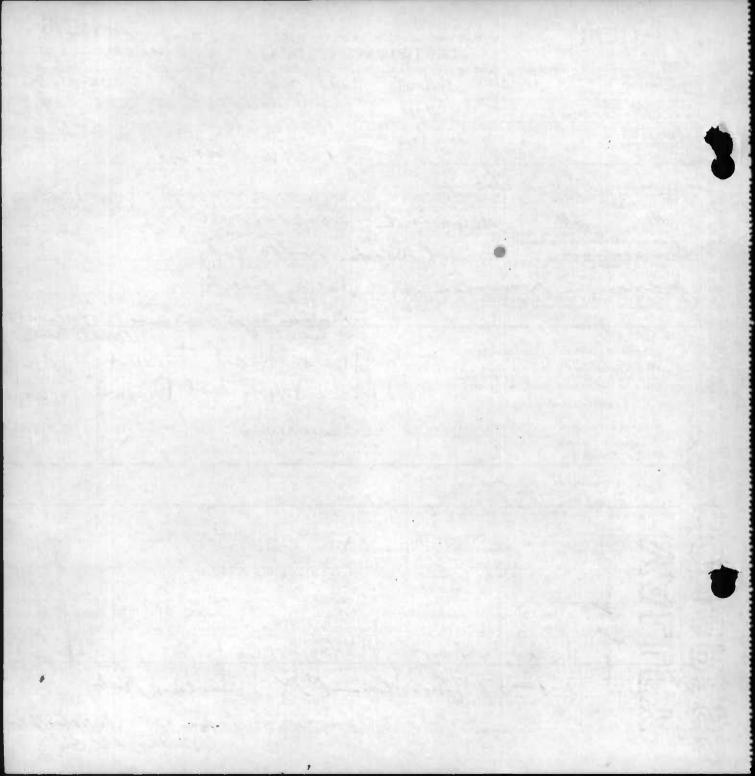
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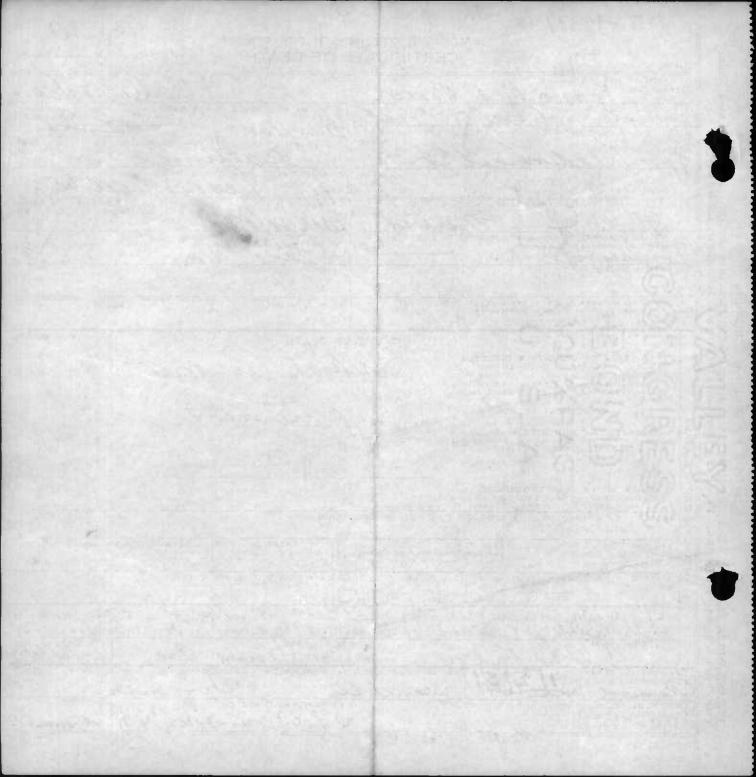
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PLEASE WRITE

1950 to Dec 31, 1950, that I last saw the





Registered No.

before admission) (If outside corporate limits, write RURAL and give

(If rural, give location)

1 ff Under 24 Homs last birthday) | Months Days Hours Min.

12. CITIZEN OF

ADDRESS THE JOHNS HOPKINS HOSPITAL

INTERVAL BETWEEN

2Q. AUTOPSY

(State)

ONSET AND DEATH

(If in Baltimore City, give exact location)

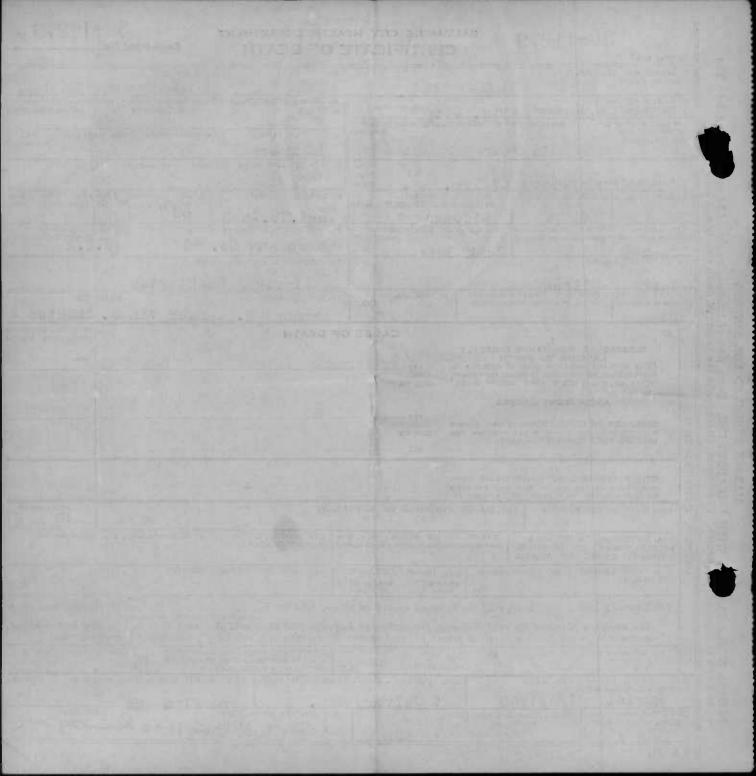
22, 1954 to Dec 31, 195, Shat I last saw the

23c. DATE SIGNED

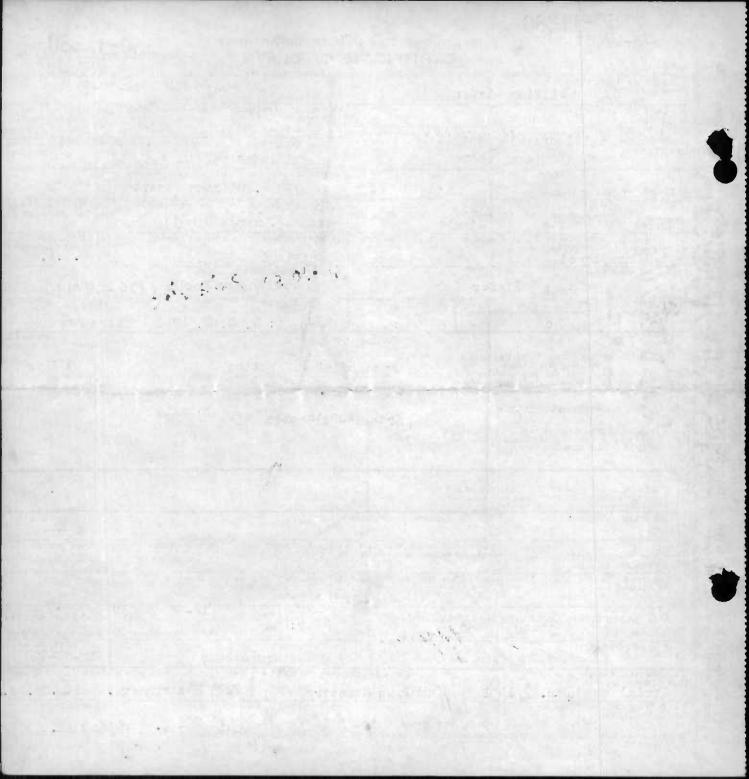
ity, town, or county

NOT A MEDICAL EXAMINER'S CASE CHIEF OR ASS'T. MEDICAL EXAMINER 13-1-13-14 CA

3.	NAME OF DECEASED 'ypc or Print)	2. DATE OF
	PLACE OF DEATH:	DEATH December 28, 1950
A.	Baltimore City, Maryland Balton City	A. STATE B. COUNTY before admission
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give
IN	Franklin Square Hospital	Baltimore 18 township
Ī	Yrs.	D. STREET ADDRESS (If rural, give location)
c.	Length of stay in Baltimore 47 Yrs Days	1049 Vine Street
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under I Year II Under I Hours Min Hours Min
	male colored Widowed	Sept. 19.1883 63
	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Junker Junk Buisness	Queen Ann Co. and U.S.A.
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
4	Wash Wilson	Lizzie Washington
Ye	was Deceased ever in U.S. ARMED FORCES? 16. SOCIAL s. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
_	No	Raymond R. Barker 720 N. Stokton S
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	ATION 20. AUTOPSY?
U		
DICAL C	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	
EDICAL C	UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., e	a or 21C. WHERE DID (If in Baltimore City, give exact location)
EDICAL C	UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK	a or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?
EDICAL C	UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I	a or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? bove, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the day stated above.
EDICAL C	UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes 23A. SIGNATURE	a or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? bove, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above Inquiry, find that said deceased died on the day stated above In accident , suicide , homicide , undetermined .
MEDICAL CE	UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes 23A. SIGNATURE 4A. BURIAL. CREMA- ON. REMOVAL (Specify) AT. OTHER ADDITIONS AND THE CONTRIBUTED TO THE CON	21c. WHERE DID (If in Baltimore City, give exact location) 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? bove, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the day stated above Indicated nonlinear nonlinear nonlinear 23c. Chief Medical Examiner 23c. Date Signed ASSISTANT MEDICAL EXAMINER



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE 12-30-50 (Type or Print) William Kiefer OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY B. FULL NAME OF altimore city hospitals location) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern legibly. Baltimore venue D. STREET ADDRESS (If rural, give location) Vro Mos. 938 S. Clinton Street c. Length of stay in Baltimore Days information should be SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. March 12. 188 White Male 10A. USUAL OCCUPATION (Givekindnf) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Unemployed LARMA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Rosina (Bochmy) Kiefer Joseph 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO No Records: B. C. H. 4940 Eastern Avenue None Jo 2011 18. / item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Myocardial Infarction days Every write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Arterio-Sclerotic Heart Disease INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING |
Physicians: pl UNDERLYING CONDITION LAST. ERTIFIC, 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. O 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID EDI LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Pay) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! WHILE AT WORK especial PLEASE WRITE PL 22. I hereby certify that I attended the deceased from. , that I last saw the 50 and that death occurred at deceased alive on m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 12-30-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 7225 Eastern Ave. Balto.Co.Md. Jan. Oak Lawn Cemeterv DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR S. Conkling St. VS 150 97045



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egistered				

						E OF DEATH	Registered No.	ircor
ВІ	RTH NO.			CERTIFI	CAI	E OF DEATH	110,1010,101	
1. (T	NAME OF D	Nichola Nichola	s Kosm	ides			of Dec. 3	30, 1950
A.		City, Maryland				4. USUAL RESIDENCE (WA. STATE Maryland	There deceased lived. If ins	titution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit 3814 Nort	hern P	arkway	ddress or location)		outside corporate limits,	write RURAL and give township)
11)					Baltimore	27-03	, (Ownship)
			67.3		Yrs. Mos.	D. STREET ADDRESS (If		
	Length of s	tay in Baltimore 6. COLOR OF RACE	31 7 SINGLE	Years MARRIED,	Days	3814 Northe	III PHIKWHY	der I Year II Under 24 Hours
	MALE	White	Mari	ED, DIVORCED	(Specify)	March 12, 1880	last birthday) Month	hs Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF
	Storek	ceeper		dtionar		Asia Minor		urkey
13	FATHER'S				(R)	14. MOTHER'S MAIDEN NA	AME	
		casios Kosm		,		Unknow		
(Ye	NO NO OF BRIDGERS	ED EVER IN U.S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURIT	Y NO.	Valetini Kosmi	des-3814 N8	rthern rkway
	18. 420	.1		C	AUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY		/		7	ONSE! AND DEATH
	(This does	LEADING TO DEA	of dying, e. g	ζ., (A)	10	bronangs	workou	- lawy
	heart failt injury or	are, asthenia, etc. It mea complication which	ins the diseas caused death	e,		6		1
Z		ANTECEDENT CAUS	SES	(B)	as	leno Scle	word	242
TIOI	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	1G	,			
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ERTIF		-11		(C)	my	perlusa	V-	14
CER	TRIBUTING	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D	00			
_	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS O	F OPER	RATION		20. AUTOPSY?
CAL	214 ACCIDI	ENT, SUICIDE.	1 210 DI A	CE OF INJUR	V (a.e.	in or 21c. WHERE DID (1	f in Baltimore City, giv	YES NO
MEDI	HOMICIDE	(Specify)		arm, factory, street,				
	21D. TIME OF INJURY	(Month) (Day) (Year)		WHILE AT	OT WHILE		Y OCCUR?	
	00 77		m. 1		AT WORK		Dec 30 , 1950,	4 h = 4 7 1 = -4 = 4 h
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	23A. SIGNA			ana that aea		23B. ADDRESS		23c. DATE SIGNED
	20	drift!	Zzz		Mr.D.	100. Over	leader	1/1/57
2. TI	4A. BURIAL. ON. REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF	CEMETE	ERY OR CREMATORY 24D. L.	OCATION (City, town, or	coupty) / (State)
	Buri ATE RECEIVE		3, 195		Ort	110 0001		aryland
D	ATE RECETVE	RAR REGISTRAR	SSIGNATU	IRE.	L. DV	25. FUNERAL DIRECTOR		DDRESS
_	JAN - Z	1951 Thurst	wy/m	YMURULL,	MA	Geo. S. Agner	V Funeral In	C

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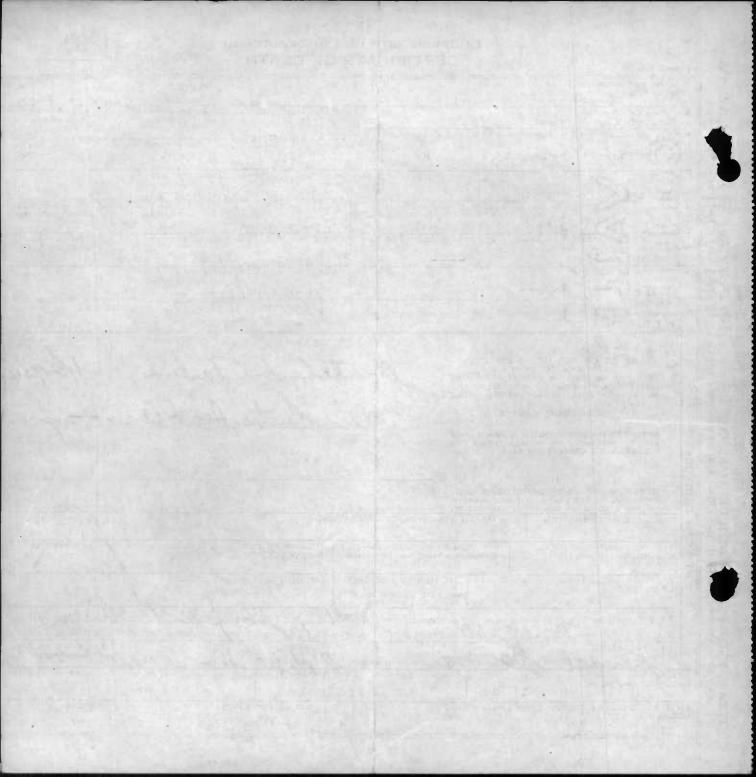
Dr. Edw. H. Benson 1 W. Overlea Ave.

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	And A Company of the	

BALTIMORE CITY HEALTH DEPARTMENT

50-11282

CERTIFICAT	E OF DEATH Registered No.					
BIRTH NO. 1. NAME OF DECEASED	2. DATE					
[] (Type or Print)	OF					
3. PLACE OF DEATH:	DEATH 7 1000					
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission					
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location						
INSTITUTION 123 1. Lakewood we.	township					
THE THE MENDER WAS	Baltimore 6-07					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Life Days 5. SEX 16. COLOR OF RACE 1.7. SINGLE MARRIED						
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years of Under I Year In Under 24 Hours Hours; Min. last birthday) Months; Days Hours; Min.					
Fomale White Marriad	July 5 1881 69					
10A. USUAL OCCUPATION (Give kind of work ind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
Housewife	WHAT COUNTRY					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
XXXXXXX Henry N. Smith	Rogo MoTutum					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Rose McInture 17. INFORMANT ADDRESS					
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.						
no no none	James T. Smith 127 1 Takerood					
18. 420.0 CAUSE	OF DEATH					
DISEASE OR CONDITION DIRECTLY	- 1 1 7 1 1K					
(This does not mean the mode of dying, e.g., (A) (A)	te Cardia Farline 1 tage					
heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO	heart failure, asthenia, etc. It means the discase,					
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
. 19A. DATE OF OPERATION . 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?					
21A. ACCIDENT, SUICIDE. CONTROL OF INJURY (e. g., about home, farm, factory, street, office bldg.	YES NO L					
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., HOMICIDE (Specify) about home, farm, factory, street, office bldg.						
	NOOR! OCCOR!					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	RED 21F. HOW DID INJURY OCCUR?					
OF INJURY WHILE AT NOT WHILE						
m. WORK AT WORK						
22. I hereby certify that I attended the deceased from	19760 312 31, 1931 that I last saw th					
deccased alive on 122.18 19 50 and that death occu	erred at, from the causes and on the date stated above					
23A SIGNATURE	23s. ADDRESS 23c DATE SIGNED					
Tarke NU force M.D.	24150 116humen 135 1/2/5					
244. DURIAL, CREMA- TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burial Jan. 3, 1.51 lew Jat	hedral politicoro ad					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
LOCAL REGISTRAR THUMBER MANUAL	Wolm & Movan 000 B. Baltimore St.					
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before admission)

If Under 24 Hours

12. CITIZEN OF

4.5.

ADDRESS

WHAT COUNTRY

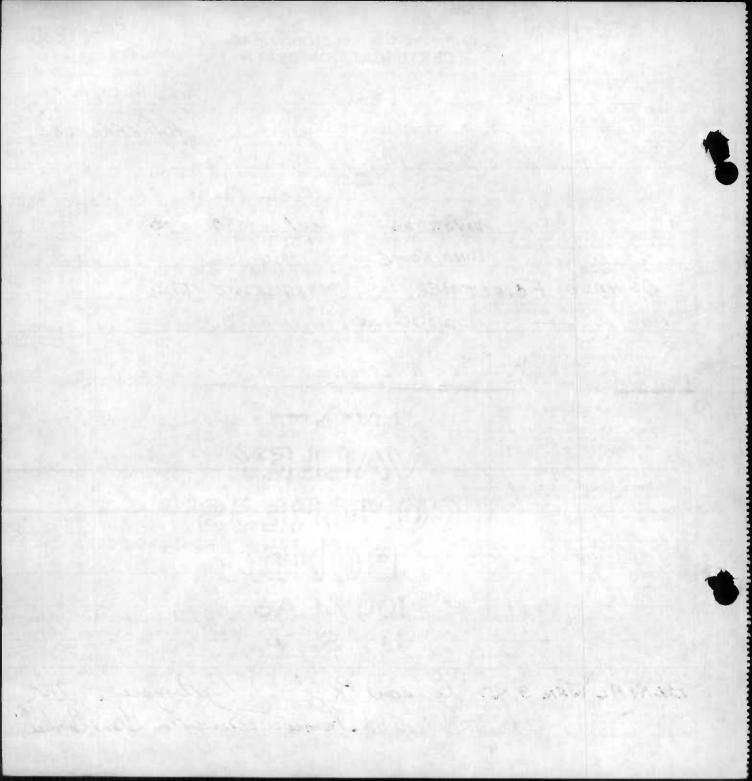
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

YES



PLEASE WRITE PL. Y, WITH I

50-11284

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BALTIMORE CITY HEALTH DEPARTMENT

50-11284

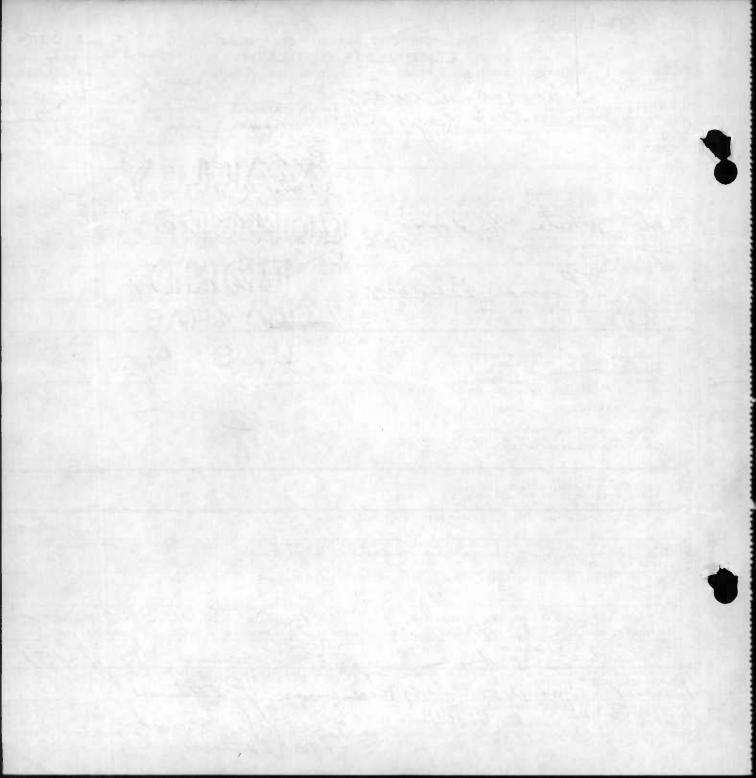
В	CERTIFICATE OF DEATH Registered No.									
(1	NAME OF D Type or Print)	Chor	ees w	indson	U (Charles J.Wi	2. DATE OF ndream	131/50			
A.	B. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Wh		If institution : residence before admission)			
rii H	S. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Sinai Hospital									
		tay in Baltimore	Life	Yrs. Mos. Days	I8I4 N.Charles	o. STREET ADDRESS (If rural, give location) 1814 N. Charles Street				
	sex	6. COLOR OR RACE White	Single	DIVORCED (Specify)	##### June 1915	9. AGE (In years last birthday)	N Under 1 Year N Under 24 Hours Months Days Hours Min.			
1C wor	A. USUAL OC kdone during most of Bartende	CUPATION (Give kind of working life, even if retired)	Hotel	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore Baltimore	eign country)	12. CITIZEN OF UNDAT COUNTRY?			
13	FATHER'S	Unkno	own		14. MOTHER'S MAIDEN NAM Unknown	ME				
15 (Ye	NO DECEASE	D EVER IN U.S. ARME (If yes, give war or dat None		security No.	17. INFORMANT Mr. Joseph Pap		ADDRESS th Avenue			
CATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION L	of dying, e.g., ans the disease, caused death.) SES	(A) OUE TO (B) OUE TO	Kethral S Lydroner	tricles	ONSET ANO OEATH			
CERTIFIC	TRIBUTING	IGNIFICANT CONE TO THE CEATH, BUT ISEASE OR CONCITIO	NOT RELATED	_(c)	Kyperteroine	Cordior	romulo RO,			
AL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER				ATION		20. AUTOPSY?			
EDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	21B. PLACE about home, farm,	OF INJURY (e. g., i	or 21c. WHERE DID (If	in Baltimore City,	give exact location)			
Σ	210. TIME (OF INJURY	Month) (Day) (Year) (Hour) 21E. m. WHIL wo			OCCUR?				
				l that death occur	red at 9 40 m., from the	e causes and on	the datc stated above. 23c. DATE SIGNED			
TI	4A. BURIAL CON REMOVAL (S Burial	pecify) I-3-5I	Ho	NAME OF CEMETE 1y Redeemer		ir Rd.Balt	n, or county) (State)			
	TE RECEIVED CAL REGIST	P BY REGISTRAR	'S SIGNATURE	ans, Mis	George J.Ruth,In	c1735 Hai	ADDRESS rford Avenue			

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B-	B	20 ₅₀₋₁₁₂₈₅	HEALTH DEPARTMENT 50	-11225
The	В	IRTH NO. CERTIFICA	ATE OF DEATH Registered No	J. Alberta (J.)
	(7	Sype or Print) Thomas Buda	2. DATE OF DEATH Sec.	31/50
pplied.	A.	Baltimore City, Maryland 3206 Raynor	4. USUAL RESIDENCE (Where deceased lived. If insti	itution: residence before admission
-	H	FULL NAME OF (If not in hospital or institution, give street addressed and local loc	c. CITY OR TOWN (If outside corporate limits, to	rie RURAL and giv township
egilliy		Longth of store in Deltimon	D. STREET ADDRESS (If rural, give location)	NYON
		SEX 6. COLOB OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (SE	Days 3206 S. DATE OF BIRTH 9. AGE (in years last birthday) Months	Year If Under 24 Hours Days Hours Min.
on shou	10	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUS		CITIZEN OF WHAT COUNTRY
atic	13	B. FATHER'S NAME	14. MOTHER'S MATDEN NAME	
BINDING of inform uses of dez	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yes, give war or dates of service) SECURITY N	10. THEORMANT ADDR	RESS
	-	18. 427,2 CAUS	SE OF DEATH	INTERVAL BETWEEN
FOR y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	march Den . W.	ONSET AND DEATH
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2	7	ANTECEDENT CAUSES		
RESE JINK.	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
GIN DIN ians:	FIC	(C)		
MARGIN UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
₩.	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF C	PERATION	20. AUTOPSY7
Y, WIT	IEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office CAUSE OF DEATH		exact location)
	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCION OF INJURY OCCION WHILE AT NOT W	VHILE	
PL		22. I hereby certify that I attended the deceased from	Nov. 17 1950, to Sec. 31 , 195 Oth	nat I last saw th
RITE s esi		deceased alive on 22. 29, 1950, and that death o		late stated above 3c. DATE SIGNED
PLEASE WRITE PL	2.	4A. BURIAL, CREMA-/24B, DATE 124C, NAME OF CEM	11/125 Mairie NSV	1/3/5/
ASE ect a		Durial Jan. 4/51 Holy Co	deemes Battimere	ounity) (State)
PLE	D.	ATE RECEIVED BY REGISTRAD'S SIGNATURE	Fred M. Ozazenoki	DRESS
5		VS 150	1930 Easterly do	937



BALTIMORE CITY HEALTH DEPARTMENT

50-11236

Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) HENRY EHRMAN DEATH Dec. 20. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or Md HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RULAL and give Ardleigh Nursing Home INSTITUTION township) Balto. 2075 Rockrose Ave. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 417 E. 20th St. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify)
Widowed last birthday) Months: Days Hours: Min. male white Mar. 16. 1866 IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Clerk (rtd) Newspaper Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Ehrman Fredericks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or uokoown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uokoown) SECURITY NO. none Mr. John C. Monmonier - 4008 Chatham Rd. 218-14-0280 INTERVAL BETWEEN y item ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK 19 50 to 12 29, 1950, that I last saw the 22. I hereby certify that, I attended the deceased from. 19 50 and that death occurred at_ 2 20 deceased alive on_ m., from the causes and on the date stated above. 23A. SIGNATURE 23B, ADDRESS 23g. DATE SIGNED 24A. BURNAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY Balto. Md. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR LOCAL REGISTRAR Theutie atom / Mianes, 1/2

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The		E OF DEATH Registered No			
	1. NAME OF DECEASED (Type or Print) FRANCIS S. ARTHUR, SR.	2. DATE OF DEATH DOC. 31, 1950			
	S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 3405 Lynchester Rd.	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission Md.			
egray	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3405 Lynchester Rd.			
and De	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 H	lours lin.		
information should be sof death clearly and	OA. USUAL OCCUPATION (Give kied of prk done during most of working life, even (fretired) Baker (rtd) Baking	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	RY		
death	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1		
o jo sa	Yes Spanish - American 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Rd. Mrs. Alice Long Arthur - 3405 Impoheste			
ING INK. Every item of instructions write the causes instruction	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A)	OF DEATH Audenum perforating 2 week	5		
UNFADING Physicians: I	TRIBUTING TO THE DEATH, BUT NOT RELATED	a of the Harden 2 wells.			
	194. DATE OF OPERATION . 1 198 MAJOR FINDINGS OF OPER		-		
ME	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout bome, farm, factory, street, office bldg., e CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	etc.) INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR?			
wkile FL	deceased alive on Alic-30, 1950, and that death occur	rred at 6:/0 p.m., from the causes and on the date stated abo 238. ADDRESS 25(7 45. Palto. Dt. 23c. DATE SIGNI	ve		
rrect a	24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 1/3/51 Greenmount DATE RECEIVED BY LOCAL REGISTRAR LANGE OF CEMETE		(e)		
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BALTIMORE CITY HEALTH DEPARTMENT

50-11288

ВІ	RTH NO.			CERTIFICATI	OF DEAT	Н	Registere		
1.	NAME OF D	Martha	Eliza	beth Frie	,, ,		2. DATE OF DEATH	2/3	1/50
	PLACE OF D Baltimore (4. USUAL RESIDE	ENCE (Whe		. If instit	ution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	Hospital f	for Wo	men of location)	C. CITY OR TOWN Baltimor			inits, wri	te RURAL and give
C	Length of s	tay in Baltimore	1	Pife Yrs. Mos. Days	D. STREET ADDRE			1	ecegua, 2
	SEX 7.4.	6. COLOR OR RACE	7. SINGL	MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		AGE (In year)	I II Under	Vaar H Under 24 Hours Days Hours Min.
worl	done during most	CUPATION (Give kind of working life, even if retired	of 10s, KINE	OF BUSINESS OR INDUSTRY	Baltin	state or fore	ign country)		CITIZEN OF WHAT COUNTRY!
(Charles	H. 7-1	end	HOSP.	7/ovency	IDEN NAM	Keen	er	
(Ye	a, no or unknuwn)	ED EVER IN U. S. ARM (If yee, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Walter a thriend 6218 Daincoln ave				0 0.
	18. 421	21	- 5-2-6-5	CAUSE	OF DEATH				INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocordial Infarction								
NO	DISEASES OR CONDITIONS, IF ANY, GIVING								
CAT	UNDERLYING CONDITION LAST.								
TH		11		(c) ./ 1/0	cardial	Lusur	riency		
CER	TRIBUTIN	SIGNIFICANT CONI G TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELAT	ED Krane	enous of	besity			
AL	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION	/			20. AUTOPSY?
MEDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?								
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK								
	22. I hereby certify that I attended the deceased from 12/26/ ,1950, to 12/31/50, 19, that I last saw the								
	deceased a	live on 12/31	/	and that death occur	red at 11:42am.	, from the			
2	23A. SIØNA		. Ch	ule & M. D. I		Jomes a		1	2 /31/50.
	4A. BURIAL. ON. REMOVAL (S Buria	Specify)	1951	24c. NAME OF CEMETE Greenmou	. /	/	altimore		

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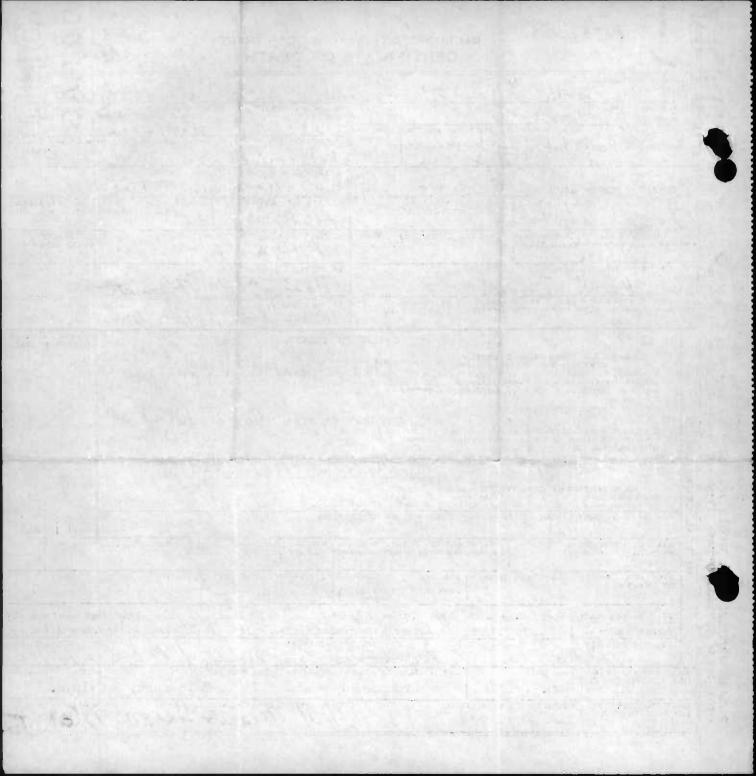
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FUNERAL DIRECTOR

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50-11229

Ві	RTH NO.			CERTIFICAT	E OF DEAT	Н	Registere		LELFON'S	.,,
1. (T	NAME OF D ype or Print)	FL ORAVII	RGINI	A Ru	GGLES		2. DATE OF DEATH	ec 3	30.19	950
	PLACE OF D Baltimore (4. USUAL RESIDE			. If institu	ution : resi	idence dmission
В.	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit		ion, give street address or location)	C. CITY OR TOWN		outside corporate li	mits, writ	RURAL	
3	3	VOPITIS .	MOPKI	INS HOSPITAL	Baltim		1.	-0	0	Ownship
		tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRI		a Street		dal	RA
5.	F	6. COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify) Single	6-10-30	1	9. AGE (In years last birthday)	Months I	Year If Ur Days Hou	nder 24 Hours ars Min.
10	A. USUAL OC	CUPATION (Give kind of a working life, aven if retired)		OF BUSINESS OR	11. BIRTHPLACE	State or for	eign country)	12.0	ITIZEN	OF
M	achine o	perator	Dixo	n Bartlett Co	Balt	imore		V	USA USA	UNTRY
13	. FATHER'S N	NAME	SH	I DES (M	14. MOTHER'S MA	IDEN NA	ME	'		
			uggles		Elsie Dit	zel				
15 (Yes	. WAS DECEASE , no nr unknnwn)	D EVER IN U. S. ARMEI (If yes, give war nr date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRE	ss	
					Mrs Elsie	Horney	7 306 S. Ma	aderia	a Stre	et
CERTIFICATION	heart failu injury or	LEADING TO DEA on the mode of the strength of	of dying, e. gins the disease death	(B)	hmatic		ronchi	lis		
ERTIF	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D					*************	
	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION				YES T	NO L
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY (e. g., in earm, factory, street, office hidg., e		R7 (If	in Baltimore Cit	y, give e	kact locat	ion)
Σ	21D. TIME (OF INJURY	Month) (Day) (Year)		WHILE AT NOT WHILE AT WORK	21F. HOW DID	INJURY	OCCUR?		1	
	the evi and de	dence obtained by ath in my opinion	said Auto	remains described a psy, Inspection of I rom: natural causes	nquiry, find that accident , accident , accident , ASSISTANT MI	Autopsy, In said dec suicide [EDICAL E: EDICAL E:	as ction or Inqui	the day the day , undete	TE SIGN	d above
24 TIC	A. BURIAL, ON, REMOVAL (S	pecify 1		24c. NAME of CEMETE		24D. LO	CATION (City, to	wn, or cou	inty)	(State)
	Burial TE RECEIVED			Moreland M	emorial 25. FUNERAL DIR		timore, M		RESS	

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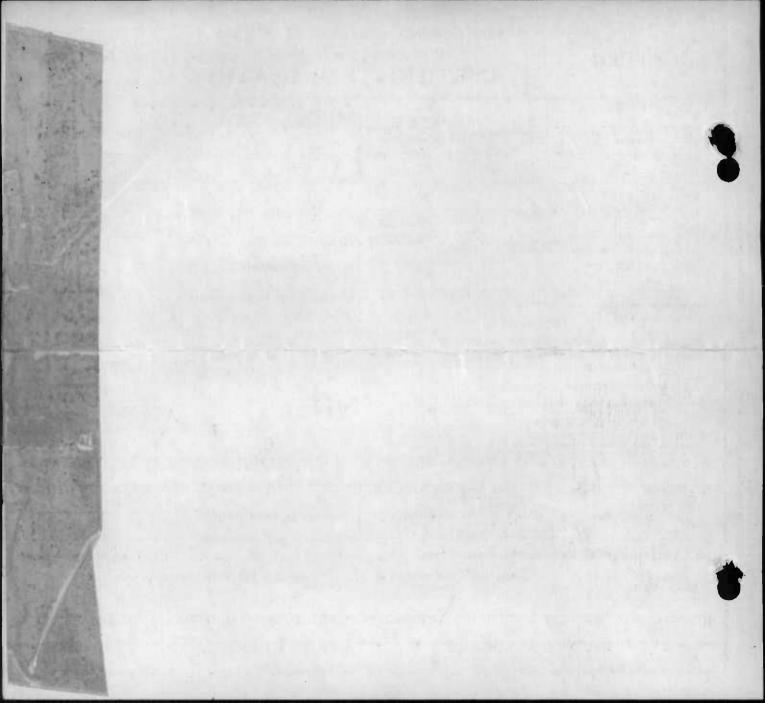
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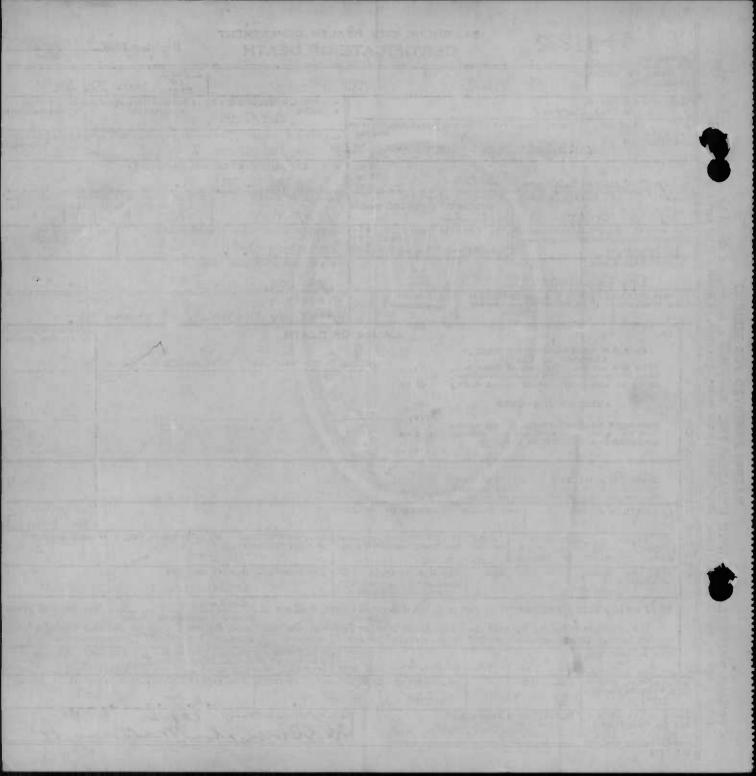
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Ballimore

CERTIFICATE OF DEATH

		neg.	Dist. 110
1. PLACE OF DEATH COUNTY SALTHINGS CITY MARYLAND	2. USUAL RESIDENCE (HOSTATE	OME) OF DECEAS	COUNTY
OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	TOWN Bacto	more	AL and (ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2021 GRIffis Ave.	STREET ADDRESS Zo 2/	(If rural, give	ocation)
3. NAME OF DECRASED (First) (Middle) (Type or Print) (M 7 k /	Disney	OF DEATH	fonth) (Day) (Year)
5. SEX 6. COLOR OF RACE 7. SINOLE, MARRIED, WIDOWED, DIVORCED, (Specify)	9/8/1876	74 yrs.	
done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11/ BIRTHPLACE (State or	L	COUNTRY?
Lanck Wriffith	14. MOTHERS MAIDEN		
15. Was DECRASED EVER IN U.S. ABBED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) (Live of the contraction of the contrac	MINS- A.L. Hali	berry	- Sauce
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hylertensive Co	udis-Vascula	, bliseas	e 6 mos.
Antecedent cause(s) Diseases or conditions, if any, (b)	morrhage		Bresth.
giving rise to the above cause stating the underlying cause last		milmone rupu de emperandonalegano escuelo a us	\$
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			1 m (1)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TO		COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCC	A.	
22. I hereby certify that I attended the deceased from	1950, 1050 31	, 1950, that	t I last saw the deceased
alive on	ADDRESS	auses and on th	e date stated above. DATE SIGNED
23. BURIAL, CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LO	CATION (City, tov	vn, or county) . (State)
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	2.a.C. 1	ADDRESS :
TAN - 3 1951 Remaigion Milianis, ALEC	V. Bellepport	Den -/0	on Entant Rl





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y. Y	and legibl	ath clearly a	causes of de	write the	please	specially important. Physicians: please write the causes of death clearly and legibly.	Important.	especially

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE tWhere deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write BURAL and give C. CITY OR TOWN INSTITUTION Yrs. ADDRESS rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL (Yee, no or nnknown) SECURITY NO CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-

INTERVAL BETWEEN ONSET AND DEATH lateral John meumo TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

(Specify)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE

1950 12.31 22. I hereby certify that I attended the deceased from 12-23 . 1956, that I last saw the 1956, and that death occurred at fine from the causes and on the date stated above, 23. SIGNATURE 23B. ADDRES 23c. DATE SIGNED

Thomas la Cally	20
BURIAL CREMA 248. DATE	24c.

Registered No.

before admission)

Il Under 24 Hours

20

ADDRESS

CITIZEN OF

WHAT COUNTRY?

DATE RECEIVED BY

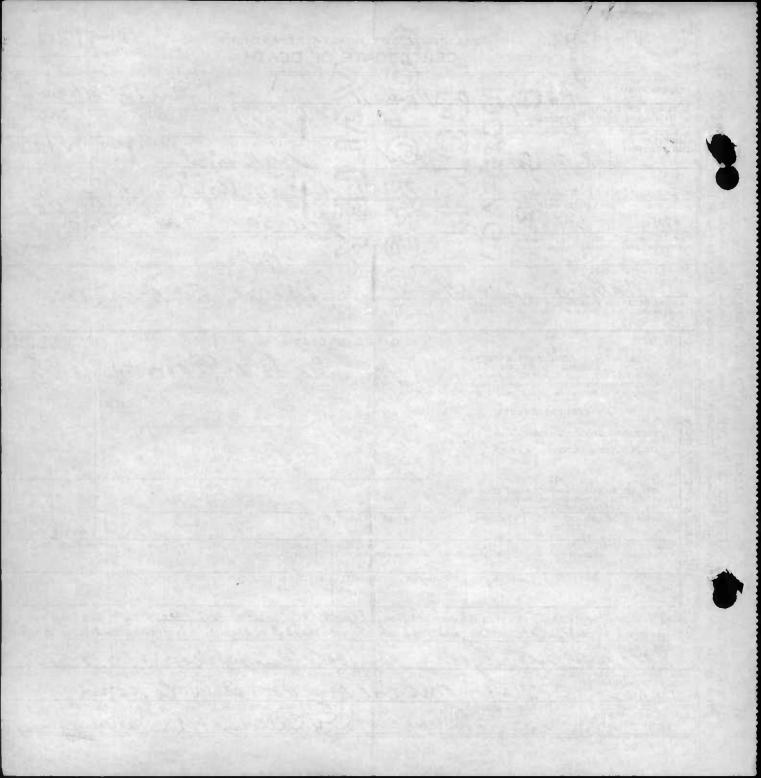
19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE,

HOMICIDE

LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT

50-1	1295
gistered No	

BIRTH NO.	50-28142	CERTIFICATE	E OF DEATH	Registered N	No		
1. NAME OF I	DECEASED	oy Chenowith		2. DATE OF DEATH DOC.	28 1950		
3. PLACE OF I	City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If	institution: residence before admission)		
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospite	al or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limit	write RURAL and give		
4-1	St. Joseph!	s Hospital	Baltimore D. STREET ADDRESS (If	rural give location)			
c. Length of	stay in Baltimore	Mos. Days	2922 Grind		Table 181		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours nths: Days Hours Min.		
pale	White	Single	12/28/50		1 27		
ork done during most	CCUPATION (Give kind of t of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S	None	None	: Raltimor	e. Maryland			
15. WAS DECEAS	dward Chenowi	FORCES? 16. SOCIAL	Viola Marie Ru		DDRESS		
Yes, no or unknown	(If yes, give war or date	security No.	T. M. OKMANI		DUNESS		
18. 75	X I	CAUSE	OF DEATH		INTERVAL BETWEEN		
10	ASE OR CONDITION		or bearing		ONSET AND DEATH		
	LEADING TO DEA	TH F	The second of				
heart fail	lure, asthenia, etc. It mea	ns the disease,	ondro plasia	•••	***************************************		
injury of	r complication which o	saused death.) DUE TO			1 2 Th		
ANTECEDENT CAUSES (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON-							
UNDERL	LYING CONDITION LA						
Ĕ		(C)	•••••••				
TRIBUTIA	SIGNIFICANT CONDING TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
19A. DATE		98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
V 21A ACCID	ENT, SUICIDE.	218. PLACE OF INJURY (e. g., iz	or 21c. WHERE DID (If in Baltimore City, s	YES NO L		
HOMICIDE		about home, farm, factory, street, office bldg., e			sive chast location)		
	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE						
m. work AT WORK							
22. I hereby certify that I attended the deceased from 12/28/, 1950, to 12/28/, 1950, that I last saw the							
	deceased alive on 12/28/, 1950, and that death occurred at 9:45A M, from the causes and on the date stated above.						
(7)	Think W. Bake Am. D. 1400 N. Caroline Street 12/28						
TION REMOVAL	(Specify) 13	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	orcounty) (State)		
DATE RECEIVE	TODA DA	s signature	25 FUNERAL DIRECTOR	5305 Ha	ADDRESS Red		
VS 150	•	10			1		
			/	6	/157M		

	IRTH NO.			
	NAME OF DECEASED (Spe or Print) ETHEL ADELATIVE HETRONIMUS	2. DATE OF December 31, 1950		
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission		
IN		Baltimore Baltimore		
	Yrs Moe	D. STREET ADDRESS (If rural, give location)		
		1904 N. Warwick Avenue 8. DATE OF BIRTH 9. AGE (In years) N Under 1 Year N Under 24 Hours		
	fe ale white single	May 28, 1884 last birthday) Months Days Hours Min.		
	k done during most of working life, even if retired) INDUSTF	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
13		Md. 14. MOTHER'S MAIDEN NAME Mollie A		
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 INFORMANT ADDRESS		
	no no runanown) (11 yes, give war or dates of service) SECURITY NO.	Miss Carrie T.Aitken - 1904 N. Warwick Av		
RTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)			
CE	TO THE DISEASE OR CONDITION CAUSING IT.	ERATION 20, AUTOPSY?		
기	0	YES NO X		
EDIC	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	In or 21c. WHERE DID (If in Baltimore City, give exact location)		
Σ	OF INJURY WHILE AT NOT WHILE	E		
	22. I certify that I took charge of the remains described	above, held an Inquiry & Inspection thereon and from		
	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural caus	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above es X, accident , suicide , homicide , undetermined .		
	Stanley 18. Dulacher	238 CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Jan. 1, 1951		
24	4A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETON, REMOVAL (Specify)	ERY DR CREMATORY 24D. LOCATION (City, town, or county) (State)		
	Burial 1/4/51 Loudon Pa	rk Com. Balto., Md.		
DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS A		
The state of the s	MEDICAL CERTIFICATION	MIDOWED, DIVORCED (Special Single) 10A. USUAL OCCUPATION (Givekind of rock done during moet tof working life, even if retired) Credit Dept. 13. FATHER'S NAME E. E. Heironimus 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 18. L'ALLE CAUSE (The condition of the condition of the condition of the condition of the condition which caused death.) 18. L'ALLE CAUSE (A) STATING THE DUE TO CONDITION LAST. 19. LEADING TO DEATH (A) STATING THE DUE TO CONDITION LAST. 10. CAUSE (B) CONDITION LAST. 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE DUE TO CONDITION CAUSING IT. 19. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE CAUSE (B) CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE CAUSE (A) CONDITION CAUSING IT. 21A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH. 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR WHILE AT WORK AT W		

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11297

543

		NAME OF DECEASED	1	2. DATE			
ed.		Type or Print) Ethel Wiggs	ino	DEATH Dec 31, 1950			
ilqq		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Who	ere deceased lived. If institution: residence B. COUNTY before admission)			
7		FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	and				
		OSPITAL OR location)	C. CITY OR TOWN (If or	atside corporate limits write RURAL and give			
3	0	1920 madeson and	Sallo	1700			
ca		Yrs. Mos.	1.1.0.0	ral, give location)			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Under 1 Year If Under 24 Hours			
an		WIDOWED, DIVORCED (Specify)	Junt 9 1924	last birthday) Months: Days Hours Min.			
shou	10	OA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12. CITIZEN OF WHAT COUNTRY			
on s	Home wife 2. C.						
th	13. FATHER'S NAME						
information s of death cl	(abraham Shennon	Yoral Bott	ina			
nfo	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS			
f i		SECONTI NO.	Benjamin We	salins 1420 modiam and			
Every item of i		18. 193 X 1 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0. 1. 0	44			
ery te t		neart failure, astronia, etc. It means the disease.	more soleme subse				
Ever		injury or complication which caused death.) DUE TO Circle	as feelure, as	ute			
		ANTECEDENT CAUSES	les la	4			
INK.	O	DISEASES OR CONDITIONS, IF ANY, GIVING	vesniprojus	9 2002			
G.	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ulterranil Suns	lasm brus			
NIO	U	(G) The set that	A TO WOOL A NOCE	www.			
ADicis	RTIFI	11					
UNFADING Physicians:	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
		194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?			
WITH tant.	CAL			YES NO M			
, WITI portant	EDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fao'ory, atreet, office bldg., to CAUSE OF DEATH		in Baltimore City, give exact location)			
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		OCCUR?			
Tien I		OF INJURY m. WHILE AT NOT WHILE AT WORK					
PL.		22. I hereby certify that I attended the deceased from	serve , 1950, to 31	Dee , 1954 that I last saw the			
		deceased alive on 31 Pec _ , 1950 and that death occur	red at 6 3 % m., from the	e causes and on the date stated above			
WRITE e is esp		23A. SIGNATURE	3B. ADDRESS	23c. DATE SIGNED			
	2		1427 Madyon (We-17 1.2.51			
SEt	Tig	ON, REMOVAL (Specify)	RY OR CHEMATURY 240. LOC	CATION (City, town, or county) (State)			
PLEASE correct ag		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25/FUNERAL DIRECTOR	7/9			
PL	L	CAL REGISTRAR	25 FUNERAL DIRECTOR	ADDRESS 4			
7	7	AN -3 1951	/wo/s. fellin	1003 resumay of			
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) GARNER DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased live A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' (If outside corporate limits, write RURAL and give INSTITUTION PROPERTY JOHNS HOPKINS HOSPITAL Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Davs should be 5. SEX 6. CQLOR OR RACE 7. SINGLE, MARRIED WIPOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) MOUSTRY information s of death cle Domeste 13. FATHER'S NAME MOTHER'S MAIDEN NAME Mae Garner Sewell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN (Yee, no or unknown) (If yes, give wer or dates of service) SECURITY NO THE JOHNS HOPKINS HOSDITA Jo CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 (C) RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT Ü 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from New . 2 2, 1950, to At 195 That I last saw the deceased alive on R. 3 19.5 0 and that death occurred at 2 Em., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS THE JOHNS HOPKINS HOSPIT 24A. BURIAL, CREMA-TION REMOVAL (Decity) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) PLEASE DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

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23c. DATE SIGNED

Dec 31,50

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Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) la outside corporate limits, Frite BUICAD and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs da Mewdon 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours: Min. plnods Widaw clearly 10A, USUAL OCCUPATION (Givekindnf) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUST Hauseunfe X Palo information Pac death 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED Jo SOCIAL (If yes, give war or dates of service) ADDRESS (Yes, no or onknown) SECURITY NO causes Jo -09-1904 item 18. CAUSE OF DEATH 60010 DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p CA UNDERLYING CONDITION LAST. L 11 RTI OTHER SIGNIFICANT CONDITIONS CON-11 TRIBUTING TO THE CEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. CAI 21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) Ö HOMICIDE (Specify) about hume, Tarm, factory, street, nffice bldg., etc.) INJURY OCCUR? Ш 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE especial WORK 22. I hereby certify that I attended the deceased from Chat I last saw the PLEASE WRITE and that death occurred at 1 deceased alive on Li from the causes and on the date stated above. 23A. SGNATURE 23B. ADDRESS age 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D correct DATE RECEIVED BY 5. FUNERAL DIRE

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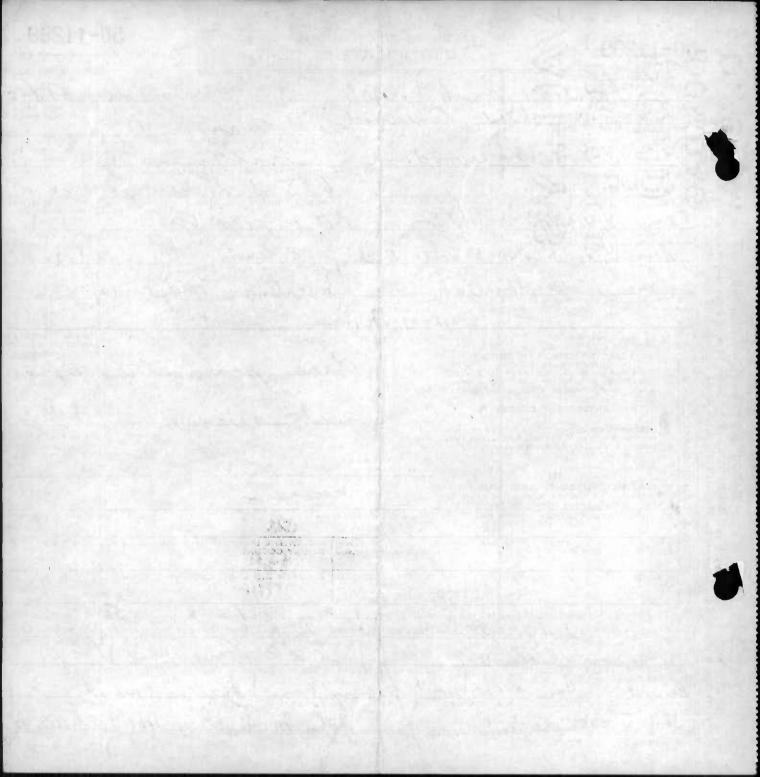
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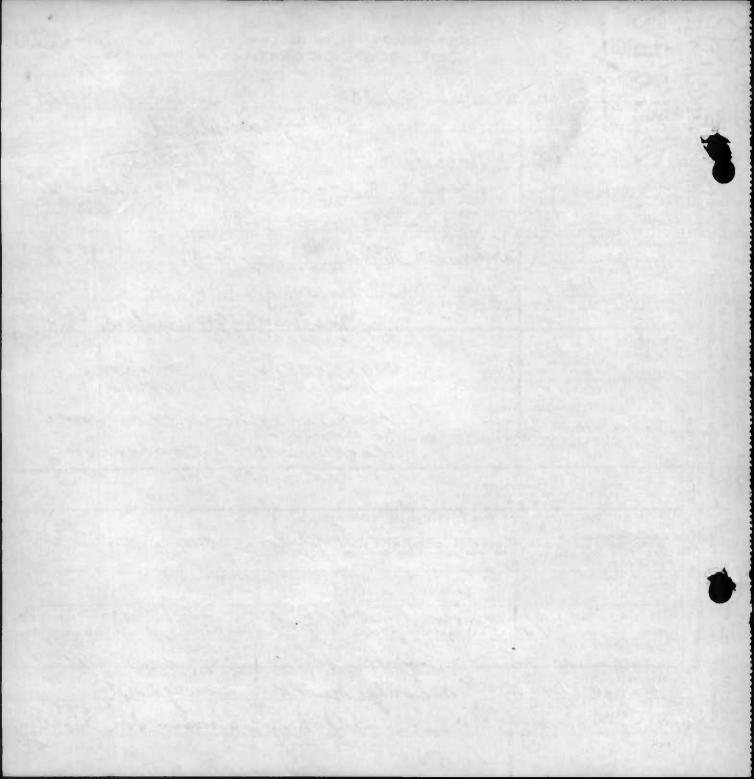
INTERVAL BETWEEN

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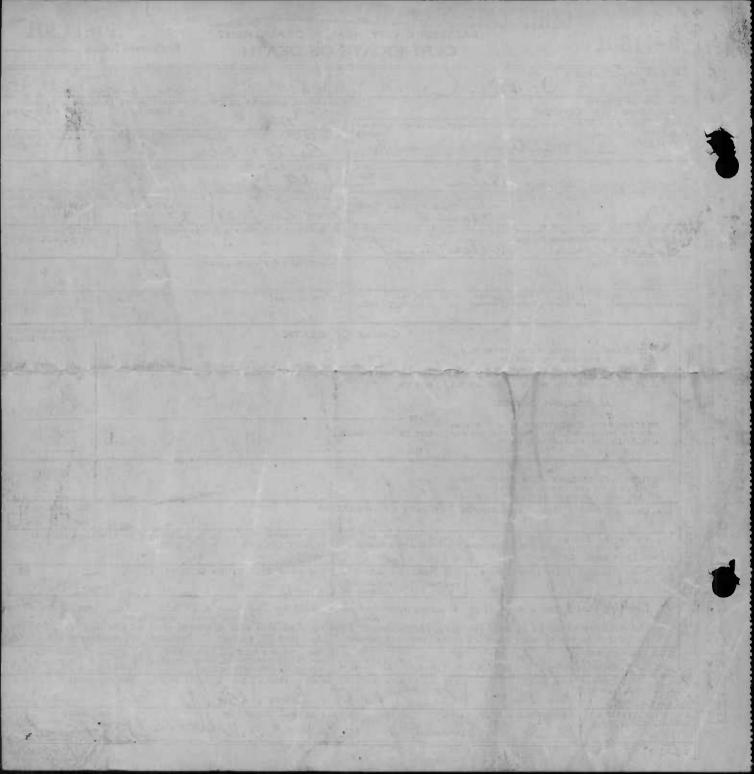
20. AUTOPSY



C-	616	BALTIMORE CITY HEALTH DEPARTMENT	¥ 59-11300
The	BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
	1. NAME OF DECEASED (Type or Print) HARR	Y, CRAWFORD	2. DATE. OF DEATH 12-3/-/950
upplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital)	or institution, give street address or	Where deceased lived. If institution: residence before admission)
7	HOSPITAL OR INSTITUTION ST. Agres	Haspital c. CITY OR TOWN	out the cornerate limits, write RURAL and give township)
e c	c. Length of stay in Baltimore	6 days Mos. Days Washingt	The Ref Elbridge ma.
on should be	male white	V. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) WARRIED. 8. DATE OF BIRTH //- 2-1899	9. AGE (In years II Under I Year II Under 24 Hours Min.
on she	work done during most of working life, even if retired)	botom md RR. 11. BIRTHPLACE (State or f	oreign country) 12. CITIZEN OF WHAT COUNTRY?
information of death cl	FRED. C	RAWFORD LILLIAM. G.	R OSHON
f informes of dea	(15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or uokoowo) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	n. Travelord Elkridge
Every item of i	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of of the heart failure, asthenia, etc. It means injury or complication which cau	dying, e.g., the disease.	INTERVAL BETWEEN ONSET AND DEATH
ink.	Z O DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST U	NY, GIVING ATTING THE DUE TO E F F USION	EMP + PLEURIPL
UNFADING Physicians:	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION O	ONS CON-	
H	19A. DATE OF OPERATION 19B	.MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
K, WITH	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., to or bloom, farm, factory, street, office bldg., etc.) 21C. WHERE DID (bout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	If in Baltimore City, give exact location)
•	21D. TIME (Month) (Day) (Year) (E	MHILE AT NOT WHILE AT WORK AT WORK AT WORK	Y OCCUR1/
TE PL especia	22. I hereby certify that I attendeceased alive on 1401.	ded the deceased from 12/26 1950, to	he causes and on the date stated above.
PLEASE WRITE correct age is esp	23A. SIGNATURE 24A. BURIAL CREMA- 24B. DATE	23B. ADDRESS ALL ALL ALL ALL ALL ALL ALL	OCATION (CK), town, optoupty) (State)
PLEASE correct a	Burial 1/4/50	meadowridge man PK. &	orsay md.
PL	LOCAL REGISTRAR'S	Williams Mile John J. 6	owand for Holling
	VS 150	541 50	94a St.



-11	552 CERTIFICATE CORRECTED	1-15-51	-11301
5	0-11301 CERTIFICATI		11301
1	NAME OF DECEASED JOHN H. CUNNIN	GHAM 2. DATE OF DEATH DECEN	ules 31, 195,
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Off not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased hyd. If instit	tution : residence before admission
H	OSPITAL OR STITUTION S. Baltimore General Hosp.	C. CITY OR TOWN (It autside corporate limits, wri	ite RURAL and give township
(1)	Length of stay in Baltimore Sept. Mos. Days	D. STREET ADDRESS (If rotal, give location) BAR	rre st
and I	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months 27	
clearly	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Watur Trout	H. BIRTHPLACE (State or foreign country) Baltimore, Ma.	CITIZEN OF WHAT COUNTRY
death c	Clark Cunnin has	14. MOTHER'S MAIDEN NAME	
₩ (X.	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) Yes	17. INFORMANT ADDRI Mrs. Viver Cunningham, 043 Barr	
Physicians: please write the causes CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ellet wound of chest	
Physic	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ATION	20. AUTOPSY1
. _			YES NO
ally Tikportant	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (a. g., it is about home, farm, factory, street, office bldg., c nbout home, farm,	1818 Chine St. 21F. HOW DID INJURY OCCUR? Fige arms	
especia	the evidence obtained by said Autopsy, Inspection of I and death in my opinion resulted from: natural eauses	nquiry, find that said deceased died on the do	termined [].
age is	23A. SIGNATURE Scanley & Mulacher M 4A. BURIAL. CREMA-1 24 DATE 24C. NAME, DF CEMETE!	D. ASSISTANT MEDICAL EXAMINER	ATE SIGNED . 31, 1950 ounty) (State)
rect	ATE RECEIVED BY REGISTRAR'S SIGNATURE	J, Cem, Balts : new	DRESS
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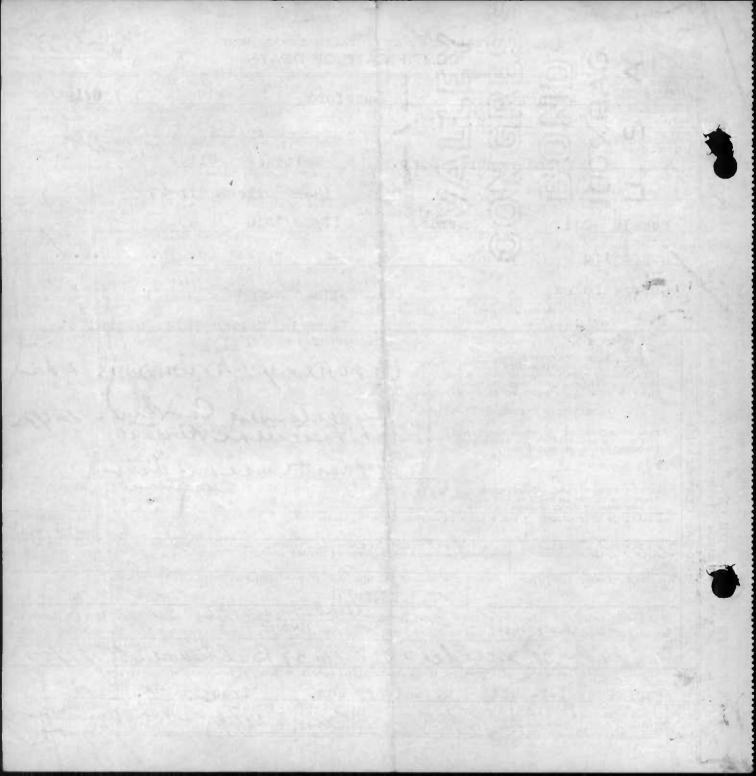
PLEASE WRITE PLA correct age is especially

50-11302 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11302

1. NAME OF DECEASED	2. DATE
(Type or Print) Lynette Lun	eford DEATH 12/30/1950
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
A. Baltimore City, Maryland Balto, City B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, white RORAL and give
INSTITUTION	Boltimore (ita
Johns Hopkins Hosp.	Baltimore City D. STREET ADDRESS (If rural, give location)
Mos.	
c. Length of stay in Baltimore 25 Yrs. Days	I839 Orleans treet
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year It Under 24 Hours last birthday) Months; Days Hours Min.
Female Col. Married	11/20/1910 40
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Housewife At Home	Isle Wright Co. Va. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Coorda Dolos	Soonria Missane 1814 E. Mereral St
George Doles	Anna Darden
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
10	Georgia McCane 1814 Federal St
18. 4-20.1 , CAUSE	OF DEATH
DISEASE OF CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) O	onary/hrombosis zhr.
meart lanure, asthema, etc. it means the discase,	
injury or complication which caused death.) DUE TO	0 1
ANTECEDENT CAUSES	andle wine Carelles - 1611-
Z DISPASES OF COMPLETIONS IN THE COMPLETION OF T	pertensin Cardio-4475.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Vascular distant.
UNDERLYING CONDITION LAST.	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON-	pertension- asterial
E OTHER SIGNIFICANT CONFITTIONS CON	Garateul
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 120. AUTOPSY?
194. DATE OF OPERATION O 198. MAJOR FINDINGS OF OPER	YES NO L
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g.,	
21A. ACCIDENT, SUICIDE. DU 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	
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21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY MHILE AT NOT WHILE AT WORK AT WORK	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from	Duly, 1947 to Dec. 30, 195, That I last saw the
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY 21e. Injury Occurr while at work 22. I hereby certify that I attended the deceased from deceased alive on 25,1950 and that death occu	Loly, 1947 to Dec. 30, 195, That I last saw the rred at 1140 Pm., from the causes and on the date stated above.
21b. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 3.19.10 and that death occu	Tole, 1947 to Dec. 30, 195, That I last saw the cred at 1140 m., from the causes and on the date stated above.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY MHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on Sec 3,1950, and that death occu 23A. SIGNATURE M. D.	Loley, 1947 to Dec. 30, 195, Phat I last saw the recd at 1140 fm., from the causes and on the date stated above. 238. ADDRESS Baltimore St. 1/1/5/
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OF INJURY WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on S. 1950 and that death occu 23A. SIGNATURE WALLEY M. D. 24A. BUBIAL, CREMA: 24B. DATE 24C. NAME OF CEMETER RON, REMOVAL (Specify)	Toly, 1947 to Dec. 30, 1959 hat I last saw the cred at 1140 m., from the causes and on the date stated above. 23B. ADDRESS Baltimore State SIGNED 16138 Baltimore State SIGNED ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on Sec 3.1950 and that death occu 23A. SIGNATURE M. D. 24A. BURAL, CREMA. 124B. DATE 124C. NAME OF CEMETE	Toley, 1947 to Dec. 30, 1959 that I last saw the cred at 1140 m., from the causes and on the date stated above. 23B. ADDRESS Baltimore State SIGNED 16138 Baltimore State Cem. Brooklyn and.
21b. TIME (Month) (Day) (Year) (Hour) OF INJURY OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on deceased from deceased from deceased alive on deceased from deceased alive on deceased from deceased from deceased from deceased from deceased alive on deceased from deceased from deceased from deceased alive on deceased from de	Toly, 1947 to Dec. 30, 1959 hat I last saw the cred at 1140 m., from the causes and on the date stated above. 23B. ADDRESS Baltimore State SIGNED 16138 Baltimore State SIGNED ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 25,1950 and that death occu 23A. SUNATURE 24A. BURAL, CREMA: 24B. DATE 24C. NAME OF CEMETE NON, REMOVAL (Specify) BURIAL I-4-1951 Mt Calvery DATE RECEIVED BY REGISTRAR'S SIGNATURE	Toley, 1947 to Dec. 30, 1959 that I last saw the cred at 1140 m., from the causes and on the date stated above. 23B. ADDRESS Baltimore State SIGNED 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED 24D. LOCATION (City, town, or county) (State) Com. Brooklyn and.



E	6	50 11303 CERTIFICATI			
The	1.	NAME OF DECEASED Sype or Print) ARTHUR ERMATES	2. DATE OF DEATH December 28, 1950		
plied.	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)		
	H	FULL NAME OF (If not in hospital or institution, give street address or ospital or institution, give street address or location) STITUTION 602 S. East Avenue	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltinore		
ribry.		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 602 S. East Avenue		
BINDING of information should be cal uses of death clearly and legi	5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours Min.		
	10 work	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
		Unanon	14. MOTHER'S MAIDEN NAME Unknown.		
	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or unknown) (If yes, give war or dates of service) 216-78-349	2 E. R. Schumacher, 1847 £ 29 th		
EESERVED FOR INK. Every item lease write the car	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It-means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH lial infarct hary artery sclerosis		
MARGIN F UNFADING Physicians: p	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20, AUTOPSY?		
Ht .	CAL	21a FYTERNAL CAUSE WAS 21B. PLACE OF INJURY (6.5., ii	or 21c. WHERE DID (If in Baltimore City, give exact location)		
i, WITI	MEDIC	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.			
A		OF INJURY WHILE AT NOT WHILE TO WORK AT WORK			
re PL especie	22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated as and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined				
PLEASE WRITE P		23A. SIGNATURE WOUTH M	238. CHIEF MEDICAL EXAMINER 2 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER		
PLEASE W	24A. BURIAL. CREMA- 24B. DATE (24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Dinnal (37) Mt (armel) Baltim ne				
P1	L. C.	AN - 4 1951 Thutington Williams, MA	Was work Ime. 1217 84 Charl Sq		
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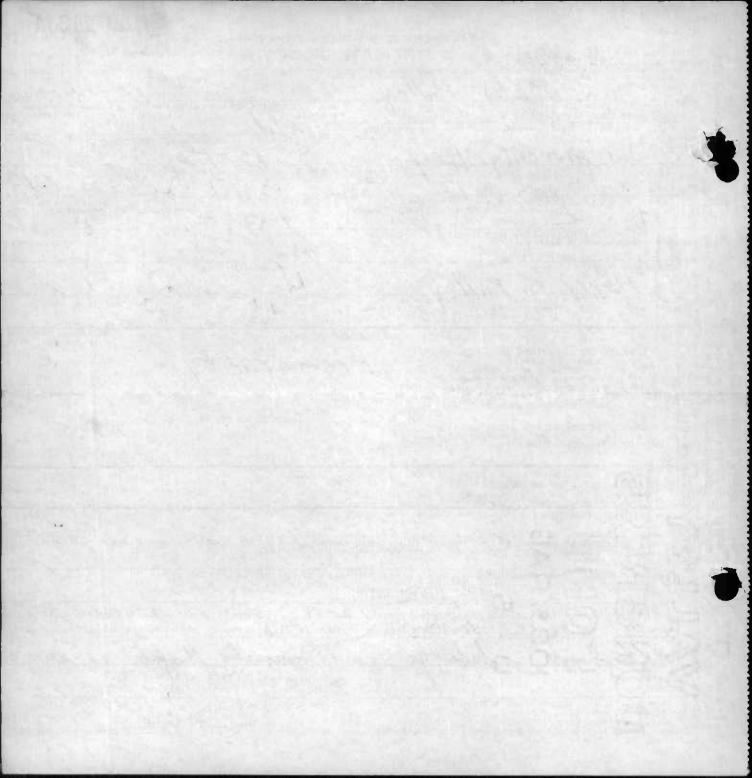
To50 111304 Registered No. B. COUNTY before admission) (If outside corporate limits, write RURAL and give If Under Year 9. AGE (In years) last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN

NO (If in Baltimore City, give exact location)

12-22, 19 50 that I last saw the deceased alive on 12-22, 19 50 and that death occurred at 10:30 m., from the eauses and on the date stated above 23c. DATE SIGNED

ADDRESS

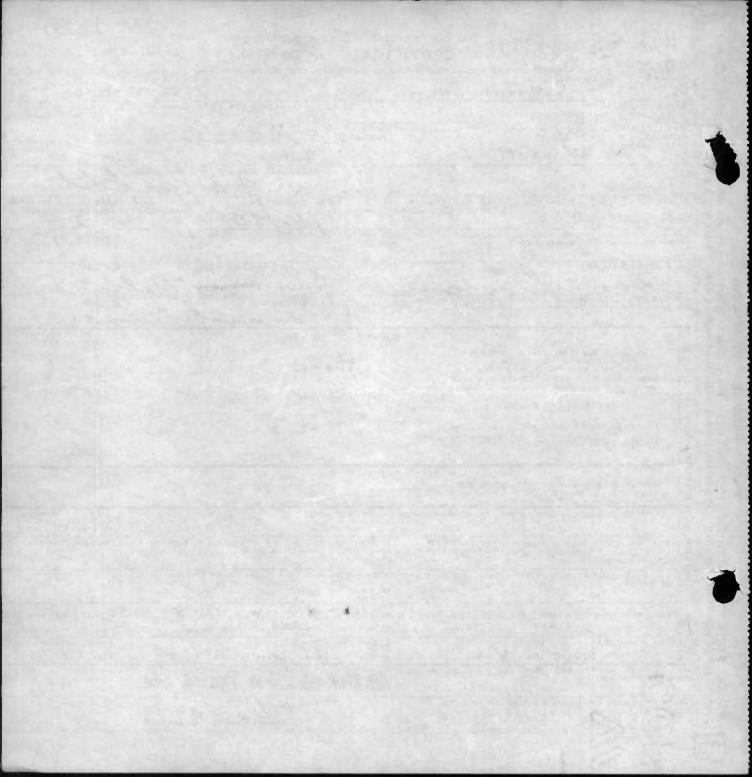
20. AUTOPSY



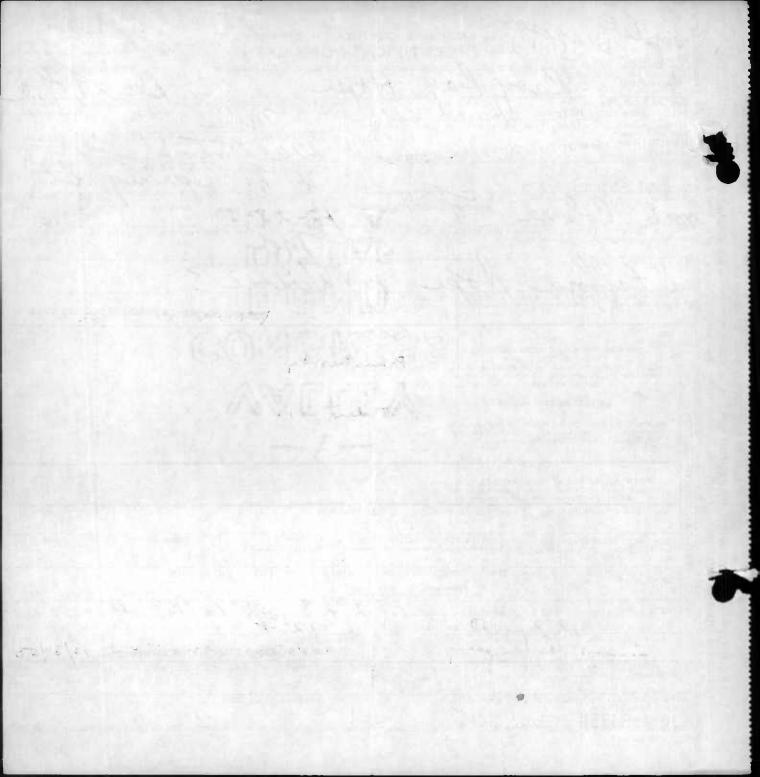
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MARGIN RESERVED FOR BINDING

-		559/11/304			
	BIRTH NO. 50- 28871 BALTIMORE CITY HEALTH CERTIFICATE OF	DEPARTMENT			
	1. NAME OF DECEASED (Type or Print) Catherine Burgess	2. DATE OF DEATH 12-18-50			
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	UAL RESIDENCE (Where deceased lived, If institution: residence			
. Creating with to be said.	HOSPITAL OR location c. CIT	Y OR TOWN (If outside corporate limits, write RURAL and give township)			
		REET ADDRESS (If rural, give location)			
		FOF BIRTH S. AGE (In years) II Under I Year II Under 24 Hours Min. 16 50 Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
		OTHER'S MAIDEN NAME AISY Burners Williams			
-	15 WAS DECEASED EVED IN IL & ADMED CODOSCO // LC COCCA.	FORMANT ADDRESS			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH OF THE MEAN OF THE OUE TO OUE	onset and Geath			
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPS 7			
	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) IN.	C. WHERE DID (If in Baltimore City, give exact location) JURY OCCUR?			
	OF INJURY WHILE AT NOT WHILE	F. HOW DID INJURY OCCUR?			
To de la constante de la const	22. I hereby certify that I attended the deceased from 112 - 18 16, 1950, to 12-18, 1950, that I last saw the deceased alige on 12-18, 1950, and that death occurred at 1:30 4.m., from the causes and on the date stated above.				
	23A. SIGNATURE Ly, La Dey M.O. 23B. ADE	DRESS MINERS HOSPIDED 12-18-80			
200					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FU LOCAL REGISTRAR AND	NERAL DIRECTOR ADDRESS			



FOR



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II	520					C. Contract	50-11	308		
	ND_144944 11308 BALTIMORE CITY HEALTH DEPARTMENT SO 11308 Registered No. 11308									
	BIRTH NO. 50 - 26538 CENTIFICATE OF BEATH									
	1. NAME OF DECEASE (Type or Print)		irl Th	omas- Car	olyn			of De	c.8,19	950
	B. PLACE OF DEATH: A. Baltimore City, Ma					4. USUAL RESIDE		deceased lived. B. COUNTY		ion : residence before admission)
	HOSPITAL OR Bal	timore Cit	r instituti	on, give street ad	dress or cation)	c. CITY OR TOWN		ide corporate lin	lis of in	RURAL and give
		Eastern A				Baltimore				township)
201	. Length of stay in I	Baltimore	L	ife	Yrs. Mos. Days	645 N. Pa				200
all		OR DR RACE 7.	SINGLE WIDOW Sing	MARRIED.		B. DATE OF BIRTH		AGE (In years last birthday)	If Under 1 Ye Months D	
	OA. USUAL OCCUPATION	ON (Give kind of 10		OF BUSINESS	OR	11. BIRTHPLACE (S		n country)	12, CI	TIZEN OF
Clearly	ork done during most of working li	fe, even if retired)		IND	USTRY		Md.			HAT COUNTRY?
	13. FATHER'S NAME					14. MOTHER'S MA				
	Darn	ell Thomas	S				Lyn Woma	ck		
	(os. no or unknown) (If yes.	IN U. S. ARMED FO	ORCES?	16. SOCIAL	- NC	17. INFORMANT B			ADDRES	Se
	(1. 301,	B. C. Was Of Gallon Of	act vice,	SECURITY	NO.	Records: 4	940 East	tern Aven	ne sorem	
-	18. 762.0			CA	USE C	F DEATH	5-10		INT	ERVAL BETWEEN SET AND DEATH
	LEADIN	CONDITION DIR								
	(This does not mea heart failure, asther	in the mode of d	ying, e. g.	(A)Fe	tal /	telectasis	**********			2 Hrs.
	injury or complica									
CERTIFICATION	ANTECE	DENT CAUSES							13.	
C	DISEASES OR CO	NDITIONS, IF AN	NY, GIVIN	(B)	*************			•••••••••••••••••••••••••••••••••••••••		
A T.	RISE TO THE ABDV	NDITION LAST.	ATING TH	E DUE TO						
L				(C)		***************************************	***************************************	***************************************		
I L	OTHER SIGNIFIC	II ANT CONDITIO	NS CON							
li li	TRIBUTING TO THE	DEATH, BUT NOT	T RELATE	D						
	19A. DATE OF OPER			FINDINGS OF	OPERA	TION			2	O. AUTOPSY?
14									Y	ES NO
MEDICAL				CE OF INJURY arm,factory,street,of				Baltimore City	, give exa	et location)
1	21D. TIME (Month) OF INJURY	(Day) (Year) (He	our) 2	TE. INJURY O	CCURRE	D 21F. HOW DID	INJURY OC	CUR?		
1	MHILE AT NOT WHILE									
22. I hereby certify that I attended the deceased from 12-8 , 19 50 to 12-8 , 19 50 that I l							I last saw the			
	deceased alive on_	12-8 ,1	9 50 0	and that death	h oeeurr	ed at 7:35Pm.,	from the e	auses and on	the date	e stated above.
	23A. SIGNATURE	11. 1/2	men		1110	18. ADDRESS 140 Eastern	Arranga			DATE SIGNED
	24A. BURIAL. CREMA-	24B. DATE	1 2			Y OR CREMATORY		TION (City, tow	n, or coun	12-50 (State)
	ION REMOVAL (Specify)	12-13-50		B. C. H				astern A		(2-2-2)
?		DECICEDAD'S S	IGNATU TO //	Historia, M.	¥	25. FUNERAL DIR	ECTOR		ADDR	RESS
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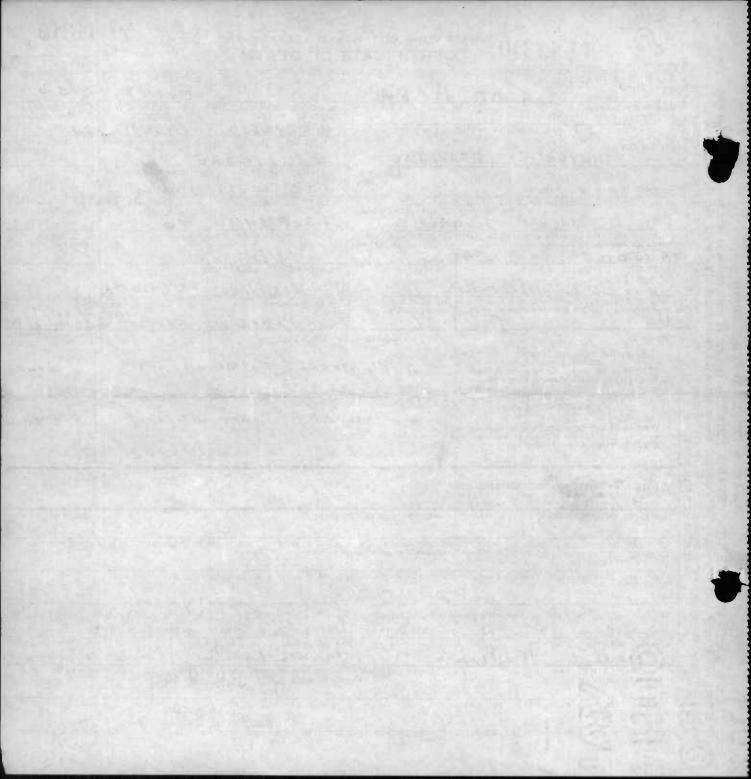
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	BIRTH NO.	59 1130	24.3		EALTH DEPARTMEN E OF DEATH	T Registered No	11309
	1. NAME OF DECE (Type or Print)		HN		DOE	2. DATE OF DEATH Dec.	25, 1950
	3. PLACE OF DEAT A. Baltimore City.	Maryland			4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived, If in	
-		altimore C		on, give street address or pital location)		(If outside corporate limits,	write RURAL and give township
1				Yrs.	o. STREET ADDRESS	(If rural, give location)	
2	c. Length of stay	in Baltimore		Mos. Days	No Home		
	5. SEX 6. C	Color of RACE Colored	7. SINGLE WIDOW	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		nder I Year If Under 24 Hours the Days Hours Min.
67.00	IOA, USUAL OCCUP work done during most of wor		K 10∯KIND	OF BUSINESS OR INDUSTRY	II. ENRTHPLACE (State o	r foreign country)	2. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAM	E	N		14. MOTHER'S MAIDEN	NAME	
3			0		0		
	15. WAS DECEASED EV (Yes, no or unknown) (I			N SECURITY NO.	17. INFORMANT	ADI	DRESS
	DISEASE OF RISE TO THE UNDERLYING	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
200	TO THE OISEA	TO THE DISEASE OR CONDITION CAUSING IT.					20, AUTOPSY?
		LITATION				YES NO X	
	21A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	about home, fa	CE OF INJURY (e. g., i urm,factory,street,office bldg.,		(If in Baltimore City, give	ve exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
22. I certify that I took charge of the remains described above, held an Inspection & Inq. then Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes A, accident , suicide , homicide , undeter assistant medical examiner						day stated above determined []. DATE SIGNED In. 3, 1951	
2000	24A. BURIAL, CREM TION, REMOVAL (Special	(Y)		JOHN HOPKIN	RY OR CREMATORY 240 S MEDICAL SCHOOL JAN	4 1951	
3	LOCAL REGISTRAR	REGISTRAR	SSIGNATU	Miant, Md	25. FUNERAL DIRECTO		ADDRESS
1	V S 151		1995				1.1

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1		=0 4401	BALT	MORE CITY HE	ALTH DEPARTMENT	3 950	11310
B	IRTH NO.	50 1131	C	ERTIFICATI	E OF DEATH	Registered N	0
1.	NAME OF D	DECEASED				2. DATE	/ /
		JA	cos	+ARRIS		DEATH /2/	17/50
	. PLACE OF E Baltimore	City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If i B. COUNTY	nstitution : residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institution	, give street address or location)	C. CITY OR TOWN (If	BALTING outside eorporate limits	ORE
11	NSTITUTION	UNIVERSIT	120H Y	PITAL	BALTIMOR	- //-	O4 township)
				Yrs. Mos.	D. STREET ADDRESS (If		
	Length of :	stay in Baltimore	T CINCLE	Days	228 WEST	1.6	T
	A A	1 1	WIDOWED	DIVORCED (Specify)	8. DATE OF BIRTH		Under I Yest H Under 24 Hours this Days Hours Min.
10	DA. USUAL OC	CUPATION (Give kind o	1 10B. KIND O	F BUSINESS OR	21 SEP 1904	oreign country)	12. CITIZEN OF
	34NJO	of working life, even if retired	BALL	λ c INDUSTRY	NY		WHATCOUNTRY
1:	3. FATHER'S	NAME	- 0	05	14. MOTHER'S MAIDEN N.	AME	2
	JA	COB H.	AKRIS		VIRGINETTE	NELSO,	U
(Y		SED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT	16.	DRESS 420 ST
-	18.			CAUGE	KUTH PATTERSON	s, sixth	BALTO HID
3	00	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
	(This doe	LEADING TO DEA	TH of dying, e.g.,	(A) BILA	TERAL PULMON	YARY TRC	6 months
		ure, asthenia, etc. It mes complication which		DUE TO			
		ANTECEDENT CAU	SES		0.1 - 1		
TION		S OR CONDITIONS,			IARY Tubere	0/05/5	6 works
		THE ABOVE CAUSE (A) YING CONDITION L		(C)			
RTIFIC				(3)			
		II SIGNIFICANT COND					
CE	TO THE E	G TO THE DEATH, BUT DISEASE OR CONDITION					
A.	19A. DATE	OF OPERATION (198. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		DENT WAS UNDER-	218. PLACE	OF INJURY (e.g., i	or 21c. WHERE DID	If in Baltimore City, g	
ME	CAUSE OF	R CONTRIBUTING DEATH	about home, larm	a, factory, street, office bldg., e	(c.) INJURY OCCUR?		
	21D. TIME OF INJURY	(Month) (Day) (Year		. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
		1	m. w	ORK NOT WHILE			
3		by eertify that I at		ceased from/	2/12 35 1950 to	12/17 , 195	, that I last saw the
	deceased a		, 19 3 an		red at 6 m., from t	he causes and on th	e date stated above. 23c. DATE SIGNED
2		rlast. Ne	udersa	M. D.	Ireinerates /	longital	12/19/50
Z TI	4A. BURIAL, ON, REMOVAL (CREMA- Speeify)	240	C. NAME OF PEMETE	NAC JOHNS LANG.	4 1951	or county) (State)
L D	ATE RECEIVE	D BY REGISTRAR	'S SIGNATURE	434648	25. FUNERAL DIRECTOR	Woolfh	ADDRESS
	500	المنتخب الالا	Jon 1/11:		sällingskuller ol	HOME .	
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	and a			0578	7		13/3



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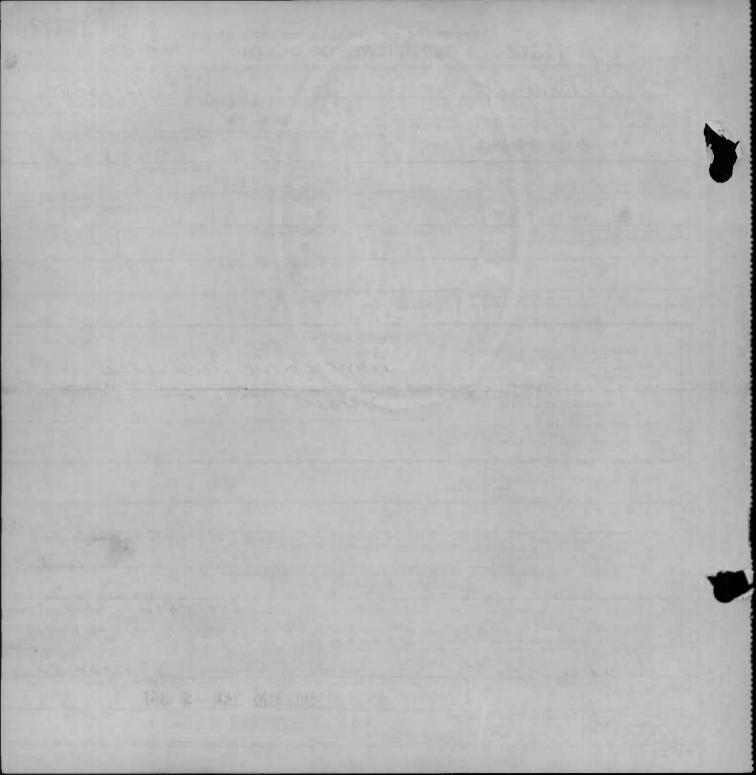
В	50 1131	E OF DEATH Registered No.	11311			
	NAME OF DECEASED (Sype or Print) GEORGE DEWEY DAVENPORT	2. DATE OF DEATH Decemb	er 23, 1950			
A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY				
H	FULL NAME OF (If not in hospital or institution, give street address o OSPITAL OR NSTITUTION	c. CITY OR TOWN (If outside corporate limits, w	vrite RURAL and give			
	Provident Hospital	Baltimore //- 0 4				
5	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
0	Length of stay in Baltimore Days	930 Linden Avenue				
3	male colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years 1 Um last birthday) Month	be I Year K Under 24 Hours Min.			
Nor	DA. USUAL OCCUPATION (Give kind of k dooe durlog most of working life, even if retired) **INDUSTRY** **INDUSTRY**		CITIZEN OF WHAT COUNTRY			
1:	3. FATHER'S NAME N	14. MOTHER'S MAIDEN NAME				
	0	0				
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? [W16. SOCIAL	17. INFORMANT ADD				
(Y	m, no or no koown) (If yes, give war or dates of service) N SECURITY NO.	N ADD	RESS			
	DISEASE OR CONDITION DIRECTLY	OF DEATH alcoholism	INTERVAL BETWEEN			
CATION	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)					
ERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.					
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?			
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		YES NO X			
Σ	Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK					
a sa capacian	thereon and from day stated above etermined DATE SIGNED					
N P	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	A.D. ASSISTANT MEDICAL EXAMINER. Ja. MEDICAL INVESTIGATOR (City, town, or HOXANS MEDICAL SCHOOL JAN 3 1951)				
I DL	ATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS			
V	S 151	144	71. 1			

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5050131312 Registered No.

-	The state of the s						
	Type or Print) B. Beyanck	2. DATE OF DEATH /2-23-57					
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence					
B	FULL NAME OF (f not in hospital or institution, give street address or	Maryland					
	OSPITAL OR NOSTITUTION Mercy Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 4-0 (township)					
	Yrs.	D. STREET ADDRESS (If rural, give location)					
	Length of stay in Baltimore Days	Found at 48 Market Place					
5	Male White U Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Yest None: Min. 9. AGE (In years Months: Days Months: Min.					
1 (wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) K K K	11. BINTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13	B. FATHER'S NAME N	14. MOTHER'S MAIDEN NAME					
	0	0					
15 (Ye	6. WAS DECEASED EVER IN U. S. ARMED FORCES? W 16. SOCIAL s. ao or unknown) (If yee, give wer or dates of service) N	17. INFORMANT ADDRESS					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED							
CE	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 120 AUTORSY2					
1	194. DATE OF OPERATION 195. MAJOR TRESINGS OF OFERA	20. AUTOPSY?					
EDICA	21a. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. UTING [] CAUSE OF DEATH.	or 21c. WHERE DID (If in Baltimore City, give exact location)					
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY OF INJURY NOT WHILE AT NOT WHILE AT WORK	21F, HOW DID INJURY OCCUR?					
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of accident , suicide , homicide , undetermined .						
-	23A. GIGNATURE WANTED M.	238. CHIEF MEDICAL EXAMINER					
TI	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER ON, REMOVAL (Specify)	OKNS MEDICAL SCHOOL JAN 3 1951					
D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
v	\$ 151	930					



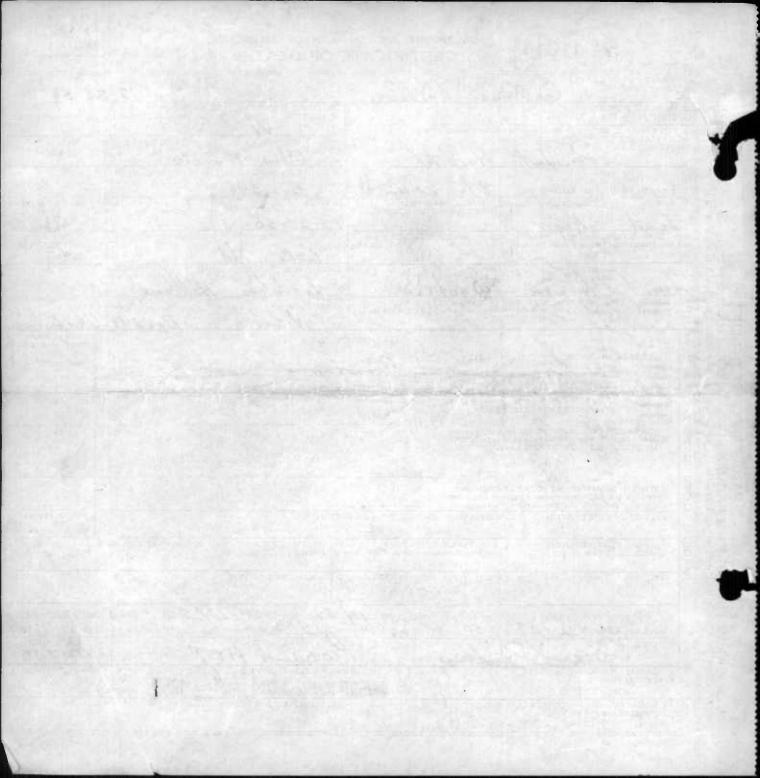
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

-50/11/3/3

Registered No. BIRTH NO. 58-28318 1. NAME OF DECEASED 2. DATE (Type or Print) OF 12-23-58 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF ft Under 1 Year BIRTH 9. AGE (In years) Months Days Hours Min. last birthday) 8 hrs 40 6970 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (19 yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NO O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CA UNDERLYING CONDITION LAST. E (C) 11 RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) Δ about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from 12/23 19.50 to /2/ 23 , 1950 that I last saw the 902-m., from the causes and on the date stated above. deceased Ove on 12 / 23 , 19 50, and that death occurred at 23A. SIGNATURE 23A ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-24B. DATE 24c. NAME OF ION (City, town, or county) TION, REMOVAL (Specify DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE REGISTRAN arov Mushid M

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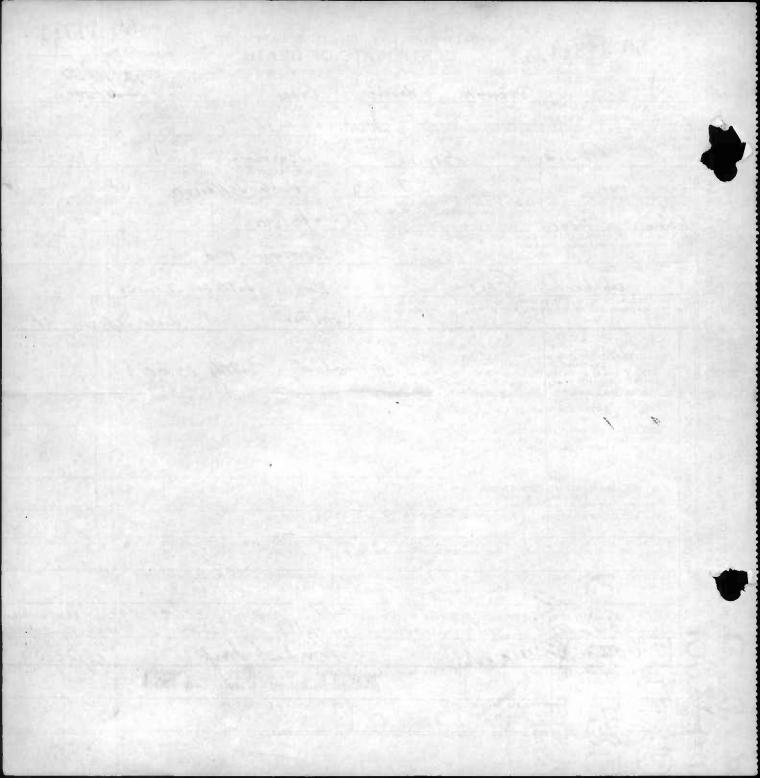


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GATES TIMORE CITY HEALTH DEPARTMENT

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_	IRTH NO.	50-2609	4	CERTIFIC	SAIE	OF DEATH	A Control	-//	/
	NAME OF D Type or Print)		0.1	1.		()	2. DATE OF	12/10	30
	PLACE OF D		Deborah	Louis	114	4. USUAL RESIDENCE	E (Where decrased liv B. COUN'		tion : residence before admission
В.	FULL NAME OSPITAL OR		pital or institut	ion, give street add	dress or	Md.			
IV	ISTITUTION	Provident	-	tospiral		Bair, mo	(If outside corporate	- O S	township
	Marin &			-		STREET ADDRESS		on)	
		tay in Baltimore		7	Mos	1626 J	efferson	St.	
5.	emale	Negro		E. MARRIED, VED, DIVORCED	(Specify) 8	DATE OF BIRTH	9. AGE (In year last birthda;	ars Under 1 Y y) Months D	Yest Il Under 24 Hours Days Hours Min.
worl	A. USUAL OC	CUPATION (Give kind of working life, even if retire	lof 10B. KINE	OF BUSINESS	USTRY	Barrinore	md.		TIZEN OF HAT COUNTRY
13	FATHER'S	vilbert	Pace		1	4. MOTHER'S MAIDE	N NAME		
15	. WAS DECEASE	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL	1	LICKYN VOI	lenė Den	ADDRES	
(Ye	s, no or nnknown)	(If yes, give war or d	ates of service)	SECURITY	NO.	mother	1121	Jefferso	
RTIFICATION	neart lattire, aschema, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING					hirty (2	(16s 10 03s	~	
CEF	TRIBUTING	SIGNIFICANT CON S TO THE DEATH, BU DISEASE OF CONDITI	IT NOT RELATI	D.	******				
AL	19A. DATE C	of OPERATION O	19B. MAJOR	FINDINGS OF	OPERAT	ION			ZO. AUTOPSY7
MEDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	218. PLA about bome, f	CE OF INJURY erm, factory, street, offi	(e.g., in or ice bldg., etc.)	21c, WHERE DID INJURY OCCUR?	(lf in Baltimore	City, give ex	act location)
4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY M. WHILE AT NOT WHILE AT NOT WHILE AT WORK								
	decease of	y certify that I a live on 17/10		deceased from and that death			m the causes and	on the date	
	23A. SIGNA	und fill	woll	/ м.	23B	HOWLEN S	Inf.	230.	22/50
710	4A. BURIAL, (SON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME of C	UNIVERSIT	Y MEDICAL SCHOOL 24	4 195 1	town, or con	nty) / (State)
Lo	ATE RECEIVE	D BY REGISTRA	R'S SIGNATU	Villianis, M	2	5. FUNERAL DIRECTO	OR]	ADDF	RESS



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Registered No

II Under 1 Year

ADDRESS

12. CITIZEN OF

before admission)

Il Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND OFATH

20. AUTOPSY

CITY HEALTH DEPARTMENT

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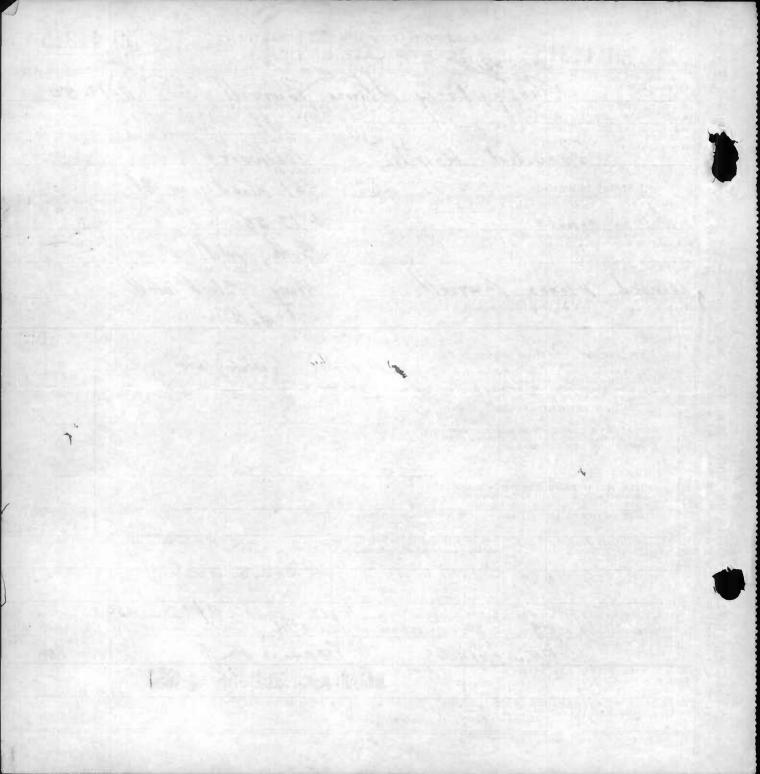
1950 that I last saw the

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, town, or county)

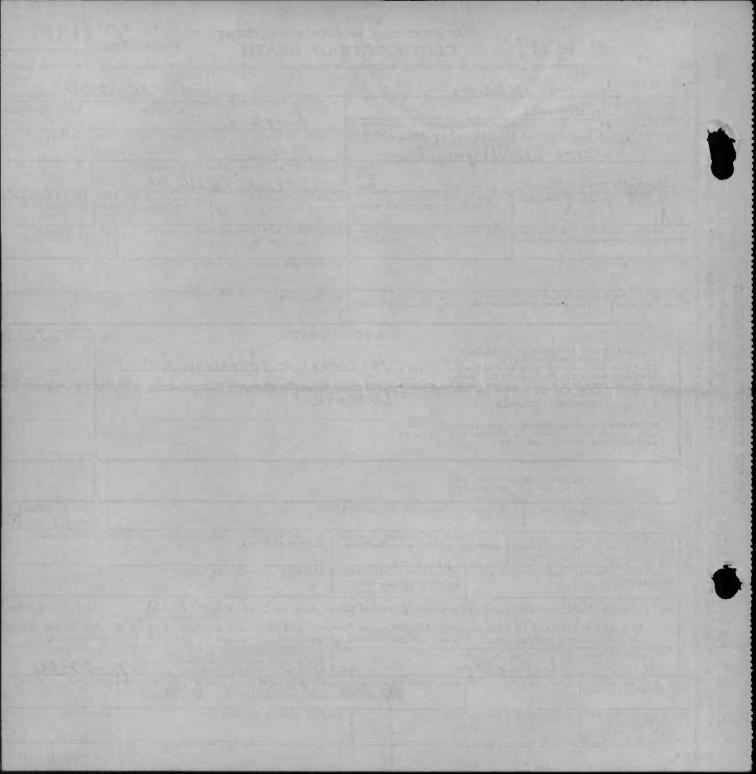
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	ВІ	RTH NO.	50 11316	BA		EALTH DEPARTMENT E OF DEATH	Registered N	11316
		NAME OF Daype or Print)	41 1 1	opKin.	5		2. DATE OF DEATH 12-2	29-57)
	Α.		City, Maryland			4. USUAL RESIDENCE (A. STATE Mary land		
8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Bar Wil-Ba Nursing Homelocation) INSTITUTION 2101 W. Cold 3 pring Lane					ing Homelocation)	G. CITY OR TOWN () Baltimore	If outside corporate limit	s, write RURAL and give township
Yrs. Mos.				Yrs.	D. STREET ADDRESS (I	f rural, give location) 3. ddle . 5 4.		
ar nur		SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year H Under 24 Hours nths Days Hours Min.
ally	10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. 100	O OF BUSINESS OR INDUSTRY	11. BINTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
מרוו רוכ	13	FATHER'S	NAME	N	0	14. MOTHER'S MAIDEN I	NAME	
07 ne	15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	M6. SOCIAL N SECURITY NO.	17. INFORMANT	A	DDRESS
מיים אדונה מונה כמחיי	NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) Hyperteusive Catalova scular Disease (A) OF THE PROPERTY CAUSE (B)						INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	OTHER STRIBUTION TO THE D	THE ABOVE CAUSE (A) YING CONDITION L II SIGNIFICANT COND S TO THE DEATH, BUT SISSASS OR CONDITION	ITIONS CON NOT RELATI CAUSING I	(C) N- ED T.			
	AL				FINDINGS OF OPER		(10 to Dollar Co	YES NO
ומי המי	EDIC	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., i farm, fectory, street, office bldg.,	21c. WHERE DID the.) INJURY OCCUR?	(If in Baltimore City, g	nve exact location)
y mar	Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?	
is especian		22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .						
ect age	24 TIC	BA. BURIAL.	CREMA-I 24B. DATE	NAS .		ASSISTANT MEDICAL D. MEDICAL INVESTIGA RY OF CREMATORY 240 I		2-29-50 or county) (State)
	LC	7 117 9	D BY REGISTRAR	SSIGNATU	Whiams, 11	25. FUNERAL DIRECTOR		ADDRESS
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	BALTIMORE CITY HE			11317
В	IRTH NO. M -26782 CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF DECEASED 'ype or Print') ALPHONZO J C.CON		2. DATE OF December	er 31, 1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		
В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland	В. СООНТТ	nerore admission)
	OSPITAL OR location) ISTITUTION	C. CITT OR TOWN (II	outside corporate limits, w	rite RURAL and give township)
-	University Hospital Yrs.	Baltimore D. STREET ADDRESS (Hr	13-03	
The second second	Length of stay in Baltimore Mos. Days	2501 Frances Av		
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Colored U	8. DATE OF BIRTH U 12-12-50	9. AGE (In years lif Under last birthday) Months	
	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) K K K	11 BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	1/
	I longo sekara	O Ath	41-11 2011	new
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL n. no or naknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDF	
	N SECONTINO.	N		
CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	opneumonia and del	nydration	
ERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		••••	
LC	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	or 21c. WHERE DID (If	in Baltimore City, give	exact location)
M	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I certify that I took charge of the remains described a	bove, held an Inquiry	& Inspection to	hercon and from
	the cvidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	nguiry, find that said de	nspection or Inquiry ceased died on the d □. homicide □. unde	ay stated above, termined .
	23A. SIGNATURE	23B CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	XAMINER 77 23C. D	ATE SIGNED
Z. TI	4A. BURIAL, CREMA- 246. DATE 24C. NAME OF CEMETER		8 1951	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Commissioner of Hea		DRESS

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MARGIN RESERVED FOR BINDING

(517818 -144396 5-26315				ALTH DEPART		50 Registered	0 11318 No
1.	NAME OF D Type or Print)	ECEASED	Cumming	gs				2. DATE OF Dec.	24, 1950
A.	Baltimore (EATH: City, Maryland OF (If not in hospit	al ou instituti		11	4. USUAL RESIDE	ENCE (W	here deceased lived. I	f institution: residence before admission)
H	OSPITAL OR	Baltimore Cit 4940 Eastern	ty Hospi	Itals	location)	c. CITY OR TOWN		outside corporate lim	its, write RURAL and give township)
c.	3	tay in Baltimore	Lii	°e ·	Yrs. Mos. Days	o. STREET ADDRE	ESS (If r	ural, give location) le Street	2 2 4 C A C A C A C A C A C A C A C A C A C
	SEX	6.COLOR OR RACE	7. SINGLE	, MARRIED. ED, DIVORCEI		B. DATE OF BIRTH	1	9. AGE (In years)	If Under Year Il Under 24 Hours Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (S		reign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S N	Corneliu	s Cummir	ıgs		14. MOTHER'S MA			
15 (Ye	5. WAS DECEASE se, no or uoknewo)	ED EVER IN U. S. ARMED (If yes, give war or date)	FORCES? I	16, SOCIAL SECURIT	TY NO.	17. INFORMANT Records. B.	c. H.		ADDRESS orn Avenue
	(This does heart failu	SE OR CONDITION LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea complication which c	「H f dying, e.g. ns the disease	, (A)B		of DEATH	ng		INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	DISEASES	ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA	ANY, GIVING	(B) E DUE TO (C)		CERTIFICATIO	Upor		
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE CEATH, BUT ISEASE OR CONDITION	NOT RELATED	0		land a Mai.	1000000	SAMINGHO.	
				FINDINGS C	F OPER	ATION			20. AUTOPSY?
MEDICAL	LYING TO OF		about home, fa	ce of INJUR rm,fectory,street, home	office bldg., et	o.) INJURY OCCU	Ri Lanva	ale Street	give exact location)
	Decen	Month) (Pay) (Year) ther 21,195	0 ?m. w	WORK L	AT WORK	X Lxterns	ıl apı	olication	of boric aci
	deceased al		$\frac{1950}{1}$, a	deceased fro and that dea	th occur	red at 7:55Am.,	0, to 1 from th	e eauses and on	60, that I last saw the the date stated above.
24	4 BURIAL C	F.S.	arg.	4c. NAME OF	M. D. L	BB. ADDRESS 1940 Eastern BY OR CREMATORY		CATION (City, town	23c. DATE SIGNED 12-26-50 n, or county) (State)
TIC	removal (S Cremation ATE RECEIVE	pecify) on 12-27-1	950 1	в. с. н.		tory	Balti	more, Maryl	Land
LC	CAL REGIST	RAR	SIGNATUR	Tiene	1.40.11	25. FUNERAL DIR	ECTOR		ADDRESS

TO BE APPROVED BY MEDICAL EXAMINER VS 150

15. WAS DECEASED EVER IN U.S. (Yes, no or unknown) (If yes, give war

REGISTRAR'S SIGNATURE

Thethe stor Milianis, 188

OTHER SIGNIFICANT C TRIBUTING TO THE DEATH. TO THE DISEASE OR CONE 19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE,

21D. TIME (Month) (Day)

22. I hereby certify that

deceased alive on 12 23A. SIGNATURE

HOMICIDE

OF INJURY

(Yes, no or unknown)

BINDING

FOR

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Every item write the cau

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Physicians:

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PLEASE WRITE correct age is esp

CERTIFICATION

IRTH NO

BALTIMORE CITY HEALTH DEPARTMENT

NO. CERTIFICATE OF DEATH Registered No.							
ME OF DECEASED Charles C	- PIMME	2. DATE 12 OF DEATH	121150				
CE OF DEATH: timore City, Maryland 27 W Canton L NAME OF (If not in hospital or institution, give str	A. STATE	(Where deceased lived, If i	nstitution : residence before admission)				
TAL OR GOOD SAMARITAN	location) c. CITY OR TOWN	(If outside corporate limits	, write RURAL and give township)				
HOME AND HO		11 MORF					
gth of stay in Baltimore	Yrs. Mos. Days 27 N. Care	21576	jundall 8t.				
6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOR	D. B. DATE OF BIRTH	9. AGE (in years) if	Under 1 Year Il Under 24 Rours oths: Days Hours: Min.				
white U	U	65					
SUAL OCCUPATION (Give kind of during most of working life, even if retired)	NESS OR INDUSTRY	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
THER'S NAME	14. MOTHER'S MAIDE	NAME 1					
0	0						
S DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) N	URITY NO. 17. INFORMANT	AC	DDRESS				
420.0	CAUSE OF DEATH		INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	Chronic MYOCH	-RDITISANL	ONSET AND DEATH				
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	MYOCARDIAL	Descheration	N				
ANTECEDENT CAUSES	Arterioscleroti	Henret	7				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE UNDERLYING CONDITION LAST.	TO DISCASE						
(C)	GeneRALIZE	DARPERIOSSE	Ros, S				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
A. DATE OF OPERATION 198. MAJOR FINDING	S OF OPERATION		20. AUTOPSY?				
A ACCIDENT, SUICIDE, MICIDE (Specify) 21B. PLACE OF IN. about home, farm, factory, st		(If in Baltimore City, g	ive exact location)				
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK	RY OCCURRED 21F, HOW DID IN.	URY OCCUR?					
· I hereby certify that I attended the deceased	from July 1, 1950, to death occurred at 9. 401 m., from m., from	Dec 21, 1950 m the causes and on th					
Melin n. Brilen	M. D. 23B. ADDRESS W. 7	ageth IT	1 d /2 d/SU				
BURIAL, CREMA: 24B. DATE 24C. NAME EMOVAL (Specify)	E OF CEMETERY OR CREMATORY 24 INN HIPKINS MEDICAL SCHOOL JAN	b. EOCATION (City, town, 8 1951	or county) (State)				

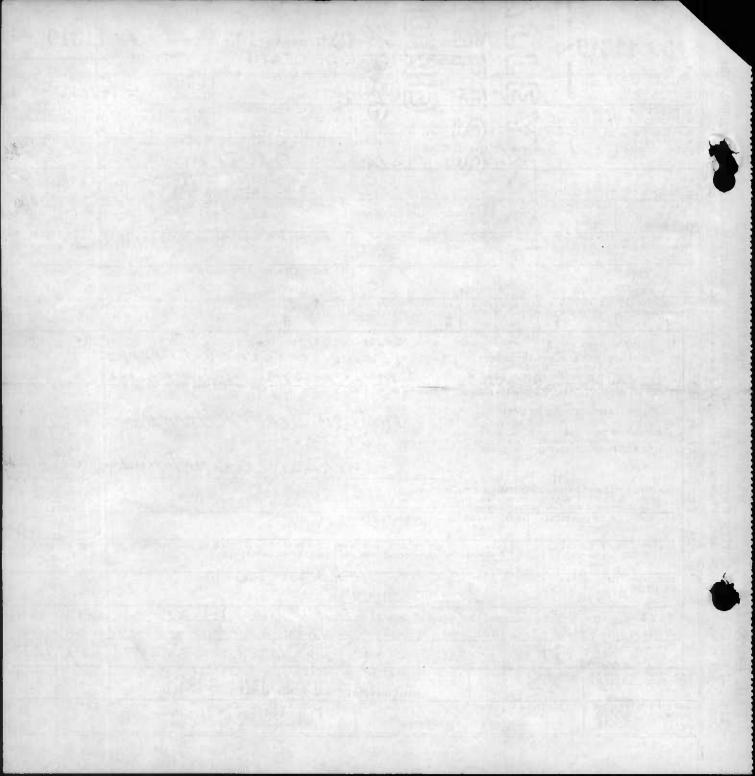
25. FUNERAL DIRECTOR

VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT

50 1i320

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Marv Anna Trageser DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Maryland B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write NURAL and give C. CITY OR TOWN INSTITUTION 3304 Shellbourne Rd. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 24 yrs. 3304 Shellbourne Rd. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) It Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) female white married Sept. 30,1897 10A. USUAL OCCUPATION (Givekiod of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY hone Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kana Widman Mary Anna Weiner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Charles F. Trageser INTERVAL BETWEEN CAUSE OF DEATH 002 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary hemorrhage 5 days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Pulmonary T.B. vrs. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE! WORK 10-29- 19 50 that I last saw the Dec. - 19 45to 22. I hereby certify that I attended the deceased from and that death occurred at 11:55 Pm., from the causes and on the date stated above. deceased alive on

23B. ADDRESS

Holv Redeemer

Pikesville -8, Md. 10

25. FUNERAL DIRECTOR

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UNFADING Physicians: p

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24B, DATE

REGISTRAR'S SIGNATURE

23A. SIGNATURE

24A. BURIAY, CREMA-TION, REMOVAL (Specify)

Burial

DATE RECEIVED BY

LOCAL REGISTRAR

Frank H. Newell - Dikesville, Md.

ADDRESS

Belair Rd.-Balto. Md

23c. DATE SIGNED

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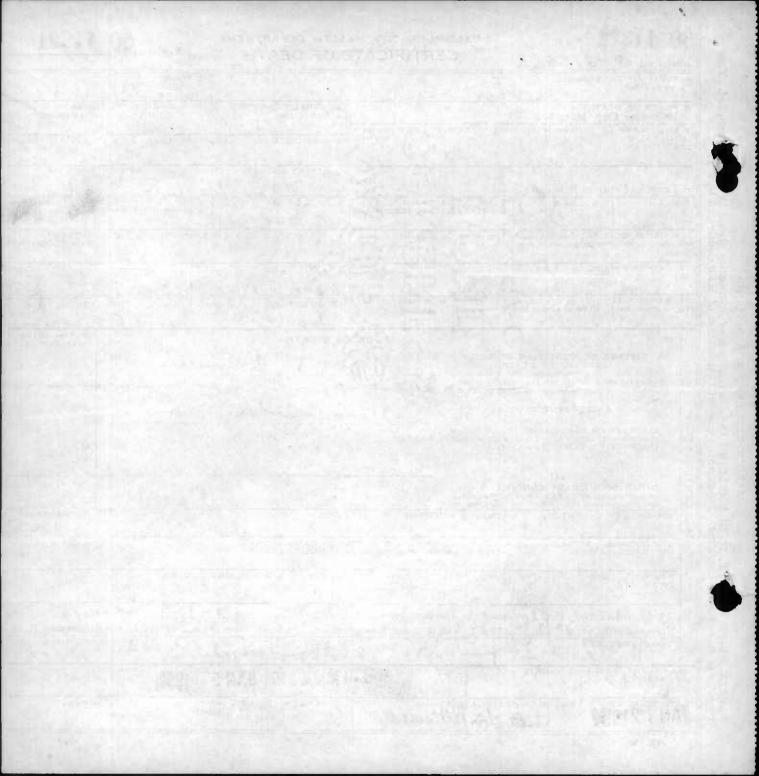
BALTIMORE CITY HEALTH DEPARTMENT

1	I	32	50-1	1321
S.	5	0 1 1321 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No. 11321
d. The	1.	NAME OF DECEASED Type or Print) Baby Girl Sands		2. DATE OF DEATH 07 12/29/57
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	ere deceased lived. If institution; residence B. COUNTY before admission)
IS.	I HO	FULL NAME OF (If not in hospital or institution, give street address or location)		tside corporate limits, white RDRAL and give township)
legibly	+ c.	Length of stay in Baltimore Tyrs. Days		ral, give location)
g p	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		AGE (In years Under Year Under 24 Hours Months Days Hours Min.
n should	10	A. USUAL OCCUPATION (Give kind of kind	11. BIRTHPLACE (State or forei	ign country) 12. CITIZEN OF WHAT COUNTRY
NDING information s of death cle	13	William Richard Sands	navia + / 2 2 he	th Ruark
BINDIN of infor		was Deceased Ever IN U. S. ARMED FORCES? e, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT)	ADDRESS 1700 E OLIVEY ST
RESERVED FOR INK. Every item please write the car	ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	of DEATH by drawn maybelia	Manufacture interval Between onset and Death
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
LY, WITE important.	TEDIC	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., 1 ebout home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in otc.) INJURY OCCUR?	in Baltimore City, give exact location)
~ Ali	M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		OCCUR?
TE F especia			2 2 90, 19 , to 1 rred at 154 m., from the	causes and on the date stated above
Es:		DEV. Compute M. M. D.	hith / Hogita	1 + Wd. 23c. DATE SIGNED
PLEASE W		4A. BURIAL CREMA- ON. REMOVAL (Specify)	IY MEDICAE SCHOOL HAN 5	ATION, (City, town, or county) (State)
PLE	7	THE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS

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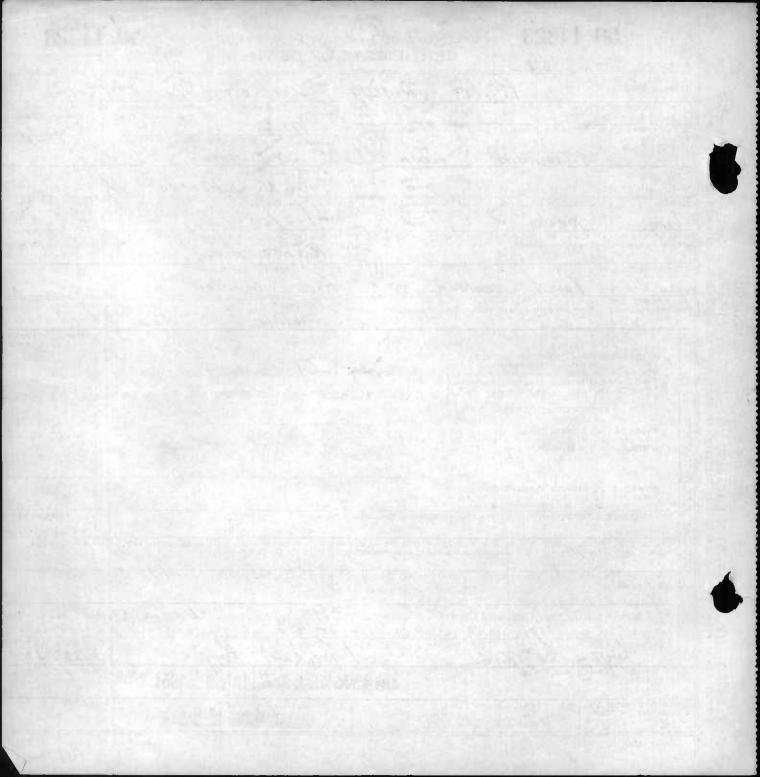
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	IY, WITH UNFADING INK. Every item of information should be	nportant. Physicians: please write the causes of death clearly and leg

أطا. إ	50 11322 BALTIMORE CITY HE	1 50-11322
The	BIRTH NO. 305078 9503 CERTIFICATI	
supplied. T	1. NAME OF DECEASED (Type or Print) Harrison Baby "Elizabeth"	2. DATE OF December 31,1950
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission) Maryland Baltimore
\$	HOSPITAL OR location) The Johns Hopkins Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Garrison
be legil	c. Length of stay in Baltimore 3 hours Mos. Days 5. SEX 6. COLOR OF RACE 7. SINGLE MARRIED	D. STREET ADDRESS (If rural, give location)
ld	Female white Single (Specify)	December 31,1950 9. AGE (In years Months Days Hours Min. 3 54
on shou	10A, USUAL OCCUPATION (Give hind of work done during most of working life, even if retired) 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
information s of death cle	Horace White Harrison	14. MOTHER'S MAIDEN NAME Elizabeth Harris
of info	(Yes, no or nnhnown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records
ADING INK. Every item of icians: please write the causes	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	reech presentation
UNFADING Physicians:	CC)	
H	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
LY, WITH important.	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., it about bome, form, fectory, street, office bldg., c	INJURY OCCUR?
an, in	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK	
PLEASE WRITE I	deccased alive on Dec. 31, 1950, and that death occur 23A. SHONATURE 24A. BURIAL, CREMA, 24B. DATE TION. REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	ember 31, 1950, to December 31, 1950 that I last saw the red at 10:30mP, from the causes and on the date stated above. 38. ADDRESS 501 N. Broadway January 2,52 RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLE/	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	VS 150	

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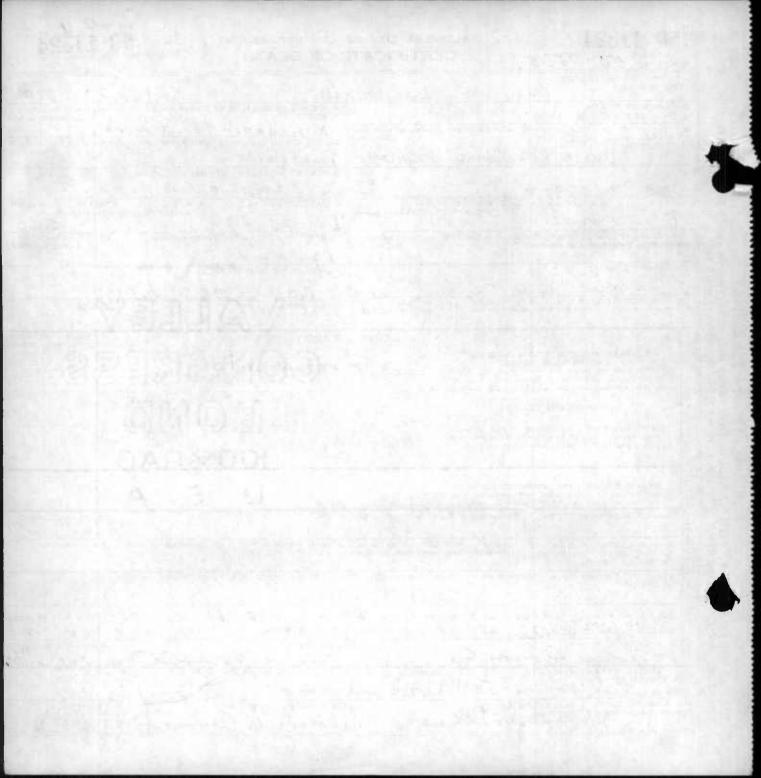
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14	0-325	50 11323			EALTH DEPARTMENT		11323		
E	BIRTH NO. 5	0-27889	(CERTIFICAT	E OF DEATH	Registered			
1	. NAME OF D Type or Print)		Paula	Diani	- watson	2. DATE OF DEATH	2/21/50		
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE		f institution; residence hefore admission		
E	FULL NAME		tal or institutio	on, give street address o	md.				
1	NSTITUTION			location	C. CITT OR TOWN	16	its, write RURAL and give		
	29	Troud	ent	HOSPITAL	12017imo	1 100	UP		
	Towards of a	4 in D.14		Yrs. Mos.	D. STREET ADDRESS ()	hroeder &	11		
	SEX	tay in Baltimore	7. SINGLE.	MARRIED.	B. DATE OF BIRTH	9. AGE (In years)	It Under 1 Year It Under 24 Hours		
	Gemale-	Negn	WIDOWE	ED, DIVORCED (Specify	12/19/50	last birthday)	onths Days Hours Min.		
₩0	OA. USUAL OC rk done during most o	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTR	Bairo, m		12. CITIZEN OF WHAT COUNTRY		
1	3. FATHER'S	NAME /			14. MOTHER'S MAIDEN	NAME			
	William	Towell	watso	n Vr	Kore hove	Lean Ca	ter		
1 (Y	5. WAS DECEASE es, no or unknown)	D EVER IN U.S. ARME (If yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
					Mother	106 N.	Schroeder St.		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
7	ANTECEDENT CAUSES								
ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON-								
FI		11		_(C)	·				
CERT	TRIBUTING	SIGNIFICANT COND S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED						
				FINDINGS OF OPE	RATION		20. AUTOPSY?		
A							YES NO		
MEDIC		ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., rm, factory, street, office bldg.	in or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)		
1	21D. TIME (Month) (Day) (Year	(Hour) 2	1E. INJURY OCCURE	RED 21F. HOW DID INJUR	RY OCCUR?			
,				WORK NOT WHILE					
	22. I hereby certify that I attended the deceased from 12/19 19 50, to 12/21 , 1950, that I last saw the								
	deceased a	(ive on 12/71		nd that death occu			the date stated above		
	23A. SIGNAT	N N	reke-		278 ADDRESS	12	23c. DATE SIGNED		
	4A. BURIAL, C	CREMA! 24B. DATE	ME	M. D. AC. NAME OF CEMET	FRY OR CREMATORY 24D	LOCATION (City, tow	$\frac{\sqrt{22}}{\sqrt{3}}$		
T	ION, REMOVAL (S	pecify		JOHN HOP		2 9 1951			
L	OCAL REGIST		S SIGNATUR	Williams 11=	25. FUNERAL DIRECTOR	of Health	ADDRESS		
=	VS 150		1		· . \				
11					7)		161a		



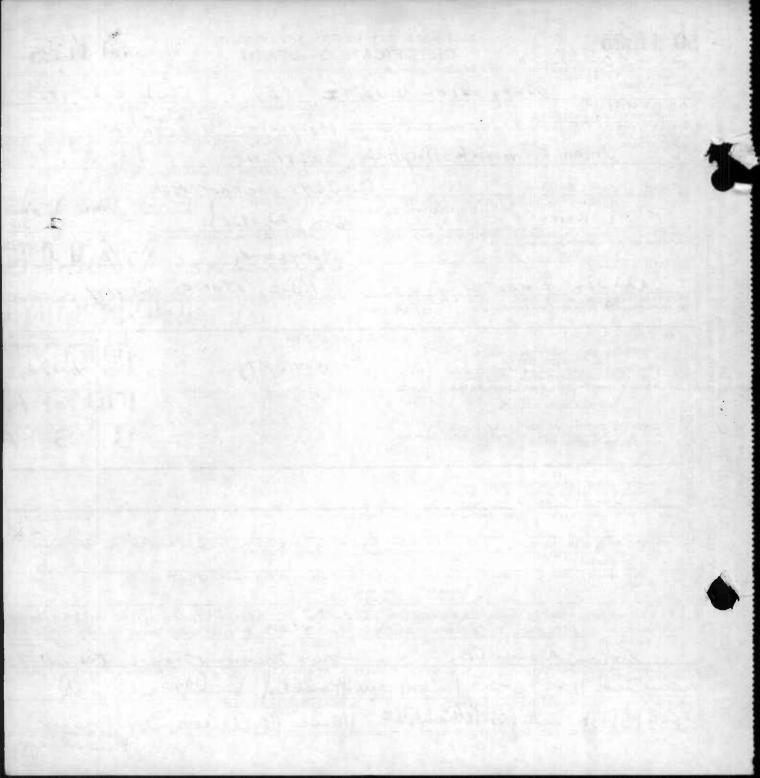
PLEASE WRITE F

В	50 418 IRTH NO. 5	324 50-2835			EALTH DEPARTMEN	T 50 E	0.4334
3.	NAME OF Drype or Print)	Sa.	64 6 in	L Lubitz	(A) 4. USUAL RESIDENCE	2. DATE OF DEATH De	23 /950
B. HO	Baltimore (FULL NAME OSPITAL OR NSTITUTION	OF (If not in hos		tion, give street address or , location)	Mary Land.	Bactimo	before admission) be e mits, write RULAL and give
-6		Stay in Baltimore		L Hospital Yrs. Mos.	Baltimore D. STREET ADDRESS 3643 Chestn		township)
5.	SEX	6. COLOR OR RAC	7. SINGL WIDOV	Days E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under I Year H Under 24 Hours Months Days Hours Min.
Worl	DA. USUAL OC k done during most	of working life, even if retire	lof 10B. KIND	D OF BUSINESS OR INDUSTRY	Mary land.	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
15	Sam 5. WAS DECEASE	MUEL LU ED EVER IN U. S. ARN	ED FORCES?	16. SOCIAL	Rose 17. INFORMANT	latie Ke	MNY
(15	18. 77	(If yes, give war or d	ates of service)	SECURITY NO.	OF DEATH	YILMSE	INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DE s not mean the mode ure, asthenia, etc. It m complication which	ATH e of dying, e. a neans the diseas	g., (A)	rematurit	4	bitth
ERTIFICATION	DISEASE:	ANTECEDENT CA S OR CONDITIONS THE ABOVE CAUSE (A YING CONDITION	USES , IF ANY, GIVIN	NG (B)			
CERTIFI	TRIBUTING	II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELATE	ED			
EDICAL		OF OPERATION O		R FINDINGS OF OPER		/IS in Delainan Cia	20. AUTOPSY?
MEDI	LYING OI		ebout home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		, give exact location)
	OF INJURY	(Month) (Day) (Yes	, , , , , , , , , , , , , , , , , , ,	WHILE AT NOT WHILE AT WORK		JRY OCCUR?	
	deceased a	live on see. 2:	ttended the 3, 1950	and that death occur	ec. 23 , 1959 to rred at 10:00 Pm., from	Dec. 23, 19, the causes and on	the date stated above.
24		CREMA- 24B. DATE	nis C	M. D.	23B. ADDRESS Union 7	nenous Ho	23c. DATE SIGNED, 7. Feb 7 195 h, or county) (State)
1	ON, REMOVAL (S	D BY DECISTRA	6-50) wion how	11 . 1	alto.18	ADDRESS (State)
LC	FEB 5	1951 Loute	in Mil	6.4	Lance M.C	may-Pi	At-Rett
	VS 150			CHERNONET .			150



BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

66317395 , BALTIMORE CITY HE	ALTH DEPARTMENT 50	-11325
BIRTH NO. 50 - 28358 CERTIFICATE	E OF DEATH Registered No.	11325
1. NAME OF DECEASED (Type or Print) Baby GIFL Lubit	(B) 2. DATE OF DEE,	23 1950
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, v	24. DEBAT and size
Institution Union Memorial Hospital	Raltinare	township)
Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Days	B. DATE OF BURTH 9 ACF (In years) Hiller	
F White WIDOWED, DIVORCED (Specify)	Dec 23, 1950 last birthday) Month	ler I Year as Days Hours Min. 30
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY.	11. BIRTHPLACE (State or foreign country) Mary Land.	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Rose Marie Kenn	
(Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	RESS
18. 77 (V . CAUSE C	OF DEATH	INTERVAL BETWEEN
		ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease.	rematurity	birth
injury or complication which caused death.) DUE TO		100000
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
€ ONDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON-		
W TRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION	20, AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., io		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	or 21c. WHERE DID (If in Baltimore City, give	e exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	D 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from Dec	. 23 , 19 50 to Dec. 23 , 1950, t	hat I last saw the
deceased alive on Dec 23, 1950, and that death occurr		date stated above.
Robert Damo Cos M.D. L	Inwin memoral Hosp.	Feb, 7, 1951
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 12-26-50 1 rion ham.	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE FEB 1 5 1951	25. FUNERAL DIRECTOR A A A A A	DDRESS
VS 150	Children Control	Walogy.



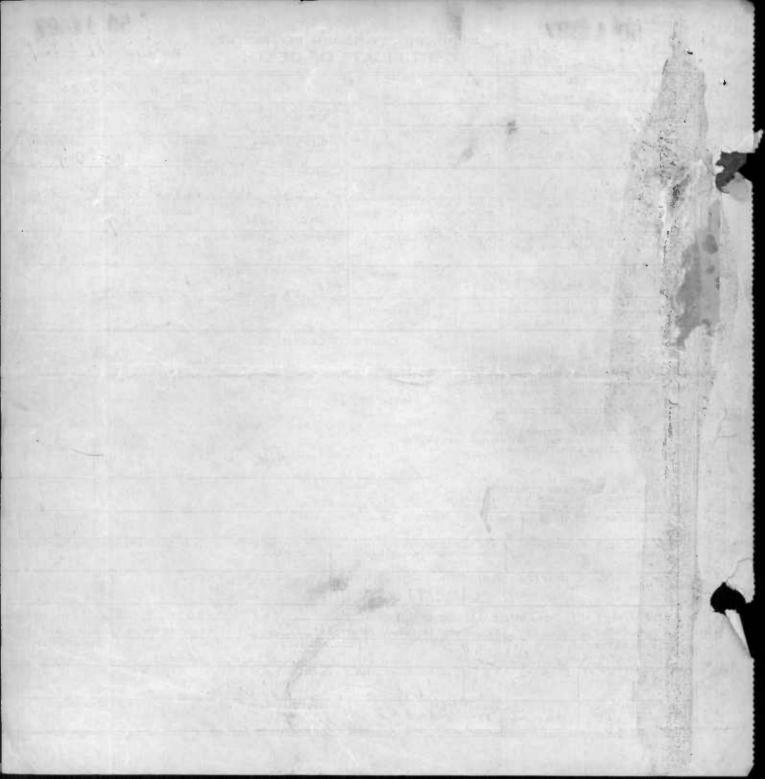
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BALTIMORE CITY HEALTH DEPARTMENT

5	(1	1	13	27	
50	1	1	F/a	2 1	1
Registered	No.	1	Fig.	dia 1	<u></u>

-	IRTH NO. 50 - 08 999 CERTIFIC	CATE	E OF DEATH	Registered N	0 40
1	NAME OF DECEASED Type or Print) Edward Smith			2. DATE OF /2- DEATH	17-50
A	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If i B. COUNTY	nstitution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street add local Nation) Lutheran Hayp.	cation)	Y Sa Elin	iou /	write RURAL and give township)
C	Length of stay in Baltimore 7 1/2 mo.	Yrs. Mos. Days	o. STREET ADDRESS (If	rural, give location)	ar .
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED ((Specify)	8. DATE OF BIRTH May 2, 1950		Under 1 Year It Under 24 Hours nths Days Hours Min.
1 was	DA. USUAL OCCUPATION (Givekindof 108. KIND OF BUSINESS	OR	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
	3. FATHER'S NAME Danald Smith		14. MOTHER'S MAIDEN N.	Loonar	Name of the last o
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY NO		17. INFORMANT	AC	DDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	La	much hydrony	bearling.	ONSET AND OFATH
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	• • • • • • • • • • • • • • • • • • • •			
CERTIFICA		ing	nele		
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPER	ATION		20. AUTOPSY?
MEDIC				If in Baltimore City, g	ive exact location)
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC OF INJURY	CURRET WHILE	21F, HOW DID INJUR	Y OCCUR?	
	22. I hereby certify that I attended the deceased from deceased alive on Als. 17, 1952, and that death	/1			Othat I last saw the ne date stated above
		. о.	38. ADDRESS	Hors.	23c. DATE SIGNED
T	4A. BURIAL/ CREMA- ION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CE	to A	RY OR CREMATORY 240. L	OCATION (City, town,	or county) (State)
i	OCAL REGISTRAR REGISTRAR'S SIGNAL REGISTRAR 1951		25. FUNERAL DIRECTOR		ADDRESS
	VS 150				1570



Registered No -//327/2 BALTIMORE CITY HEALTH DEPARTMENT ERTIFICATE OF DEATH NAME OF DECEASED 2. DATE Type or Print) S. PLACE OF DEATH: (Where deceased lived. If institution; residence 4. USUAL RESIDENCE Baltimore City, Maryland B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, vrite RURAL and live INSTITUTION ALTIMORES 14 D. STREET ADDRESS (If rural, give location) Mos. DAKCREST c. Length of stay in Baltimore Days 9. AGE (In years | Mudai | Year | Muder 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) DOWED OA. USUAL OCCUPATION (Givekind of OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle NONE IRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT ADDRESS (If yee, give war or dates of service) SECURITY NO of 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY INTESTINAL (LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO o rectum UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT 198. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN C057 PART I OR PART II WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or LIC. WHERE DID (If In Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 1 , 19___, that I last saw the and that death occurred at m., from the causes and on the date stated above. deceased alive on 238. ADDRESS 23c, DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

VS 150

1. 12 13 Commence of the second Frederick A. Cole Funeral Director THIESTING - BELLEVILLE None HIN BELL Jan 14 37 73 M ROUGE SOUR CARREST HOL Lange Hosping Co Mil BRETINAISE * 14 Succession all the second THE REPORTS South The Burnearelan